IN THE CIRCUIT COURT, FOURTH

JUDICIAL CIRCUIT, IN AND FOR

DUVAL COUNTY, FLORIDA

CASE NO.: 16-20\_\_\_\_-GA-\_\_\_\_\_\_

DIVISION: PR-\_\_\_

IN RE: THE GUARDIAN ADVOCACY OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Person with a Developmental Disability.

**APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE**

Pursuant to Florida Statute §393.12, the Applicant, (name of Guardian Advocate) submits this Application for Appointment as Guardian Advocate of , the person with a developmental disability, and the following information:

*(Please provide the following information regarding the Guardian Advocate.*

*Attach additional pages if the space provided is insufficient.)*

1. Name of Applicant:
2. Social Security Number:
3. Age:
4. Residence Address:
5. Mailing Address:
6. U.S. Citizen? Yes: No:
7. Employer’s Name and Address:

1. Applicant’s Position:
2. Marital Status and Name of Spouse if any:
3. Home Telephone Number:
4. Work Telephone Number:
5. If currently serving as Guardian/Guardian Advocate for any other Ward, list names of each Ward, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the Limited or Plenary Guardian or Guardian Advocate of the person or property or both of each Ward:

1. Does Applicant have any physical disabilities? Yes: No: If yes, please describe and state whether such disability may affect applicant’s ability, in any degree, to serve as Guardian Advocate:

1. Has Applicant ever been treated for the following:
   1. Mental Condition Yes No
   2. Alcohol Yes No
   3. Drugs Yes No
   4. Other Yes No

Nature of condition:

If “yes” was answered to any of the above, please state date, time, and location of treatment and name of physician or professional involved:

1. Has Applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes No
2. Has Applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of §415.104 and §415.1075, Florida Statutes? Yes No
3. Has Applicant ever been charged with fraud, misrepresentation, or perjury in a judicial or administrative proceeding? Yes No

If yes, please give date and complete details:

1. Has Applicant ever been charged with, arrested for, or convicted of a felony?

Yes No

If yes, please provide details including date, type of offense, location and final disposition:

1. Has Applicant ever been charged with, arrested for or convicted of any other crimes?

Yes No

If yes, please provide details including date, type of offense, location, and final disposition:

1. Has Applicant ever held a position which required bonding? Yes No

If yes, please describe position, date, amount of bond and name of surety:

1. Has Applicant, in the past, ever served as Guardian/ Guardian Advocate of a person or of a person’s property? Yes No

If yes, please describe below, including reason for termination of fiduciary position:

1. Has Applicant ever been held in contempt of court or removed as a Guardian/ Guardian Advocate? Yes \_ No

If yes, please describe below:

1. Has Applicant ever filed for bankruptcy? Yes No

If yes, please state date and location of court:

1. What is Applicant’s relationship to the person with a developmental disability?

1. Is Applicant, or Applicant’s business, corporation, or other business entity a creditor of, or providing professional, personal, or business services to the person with a developmental disability? Yes No

If yes, please provide details below:

1. Is Applicant employed by a business, corporation, or other business entity that is providing professional, personal, or business service to the person with a developmental disability? Yes No

If yes, please furnish details below:

1. Is Applicant a health care provider for the person with a developmental disability?

Yes No

1. Educational history of Applicant:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and Address | Degree | Date |
| High School |  |  |  |
| College/ University |  |  |  |
| Other |  |  |  |

1. List Applicant’s employment experience for the past 10 years beginning with the most recent dates:

|  |  |  |
| --- | --- | --- |
| Name and Address of the Employer | Date | Reason for Leaving |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Has Applicant ever been discharged from employment by any employer listed above?

Yes No

If yes, please explain:

1. Does Applicant possess any special educational qualifications (financial, business, or otherwise) that uniquely qualify Applicant to be appointed as Guardian Advocate?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

1. Has Applicant received instruction and training which covered the legal duties and responsibilities of Guardian/ Guardian Advocate, the rights of an incapacitated person or Ward, the availability of local resources to aid a Ward, and the preparation of habitual plans and annual Guardian Advocate Reports, including financial accounting for the Ward’s property? Yes No

If so, indicate when and where training was received:

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Signed on this day of , 20 .

Signature of Applicant

Printed Name of Applicant

Address of Applicant

Phone Number of Applicant