

IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL  
CIRCUIT IN AND FOR SEMINOLE COUNTY, FLORIDA

Case No.: \_\_\_\_\_

IN RE: THE GUARDIAN ADVOCACY OF

\_\_\_\_\_/\_\_\_\_\_  
*Name of Person with a Developmental Disability*

**APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE**  
**(Form A)**

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: \_\_\_\_\_  
\_\_\_\_\_
8. Applicant's Position: \_\_\_\_\_
9. Marital Status and Name of Spouse if any: \_\_\_\_\_
10. Home Telephone Number: \_\_\_\_\_
11. Work Telephone Number: \_\_\_\_\_

12. 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:

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13. 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:

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14. Has Applicant ever been treated for the following:

- a. Mental Condition      Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Alcohol                      Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Drugs                          Yes \_\_\_\_\_ No \_\_\_\_\_
- d. 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:

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15. Has Applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_

16. 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 \_\_\_\_\_

17. 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:

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18. 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:

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19. 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:

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20. Has Applicant ever held a position which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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21. 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:

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

If yes, please describe below:

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23. Has Applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state date and location of court:

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24. What is Applicant's relationship to the person with a developmental disability?

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25. 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:

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26. 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:

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27. Is Applicant a health care provider for the person with a developmental disability?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

28. Educational history of Applicant:

	Name and Address	Degree	Date
High School			
College/ University			
Other			

29. 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

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

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

If yes, please explain:

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31. 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:

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32. 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:

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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\_\_\_\_.

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Signature of Applicant

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Printed Name of Applicant

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Address of Applicant

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Phone Number of Applicant