

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:

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:

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:

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:

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:

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:

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:

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:

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

If yes, please describe below:

23. Has Applicant ever filed for bankruptcy? Yes _____ No _____

If yes, please state date and location of court:

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

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:

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:

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:

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:

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:

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____.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing has been furnished by mail to _____ (name of attorney for the person with a developmental disability) at _____ (address of the attorney for the person with a developmental disability) this _____ day of _____, 20____ and to _____, (The person with a developmental disability).

(Or if using Eportal)

I HEREBY CERTIFY that copies have been furnished by U.S. Mail or via filing with the Florida Courts E-Filing Portal on MMMM.

CCCC

AAAA

Signature of Applicant

Printed Name of Applicant

Address of Applicant

Phone Number of Applicant