

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR FRANKLIN COUNTY, FLORIDA
PROBATE DIVISION

IN RE: THE GUARDIAN ADVOCACY OF CASE NO.: _____

Name of Person with a Developmental Disability

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

Pursuant to §393.12, Florida Statutes, the Applicant, (name of Guardian Advocate) _____ submits this Application for Appointment as Guardian Advocate of _____, the person with 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. Age: _____
3. Residence Address: _____
4. Mailing Address: _____
5. U.S. Citizen? Yes: _____ No: _____
6. Employer's Name and Address: _____

7. Applicant's Position: _____
8. Home (or Cell Phone) Telephone Number: _____
9. Work Telephone Number: _____
10. 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:

11. 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?

12. 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:

13. Has Applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes?

Yes _____ No _____

14. Has Applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which was been uncontested or upheld pursuant

to the provisions of §415.104 and §415.1075, Florida Statutes?

Yes_____No_____

15. 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:

16. Has Applicant ever been charged with, arrested for, or convicted of a felony, even if the record of such arrest or conviction has been expunged, unless the expunction was ordered pursuant to §943.0583, Florida Statutes?

Yes_____No_____

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

17. 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:

18. Has Applicant ever held a position which required bonding?

Yes_____No_____

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

19. 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:

20. Has Applicant ever been held in contempt of court or removed as a Guardian/Guardian Advocate?

Yes_____No_____

If Yes, please describe below:

21. Has Applicant ever filed for bankruptcy?

Yes_____No_____

If Yes, please state date and location of court:

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

23. 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:

24. 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:

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

Yes_____No_____

26. Educational history of Applicant:

	Name and Address	Degree	Date
High School			
College/ University			

Other			
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27. 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

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

Yes _____ No _____

If Yes, please explain:

29. 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:

30. 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 (or Cellphone Number) of
Applicant

Email Address of Applicant