

IN THE CIRCUIT COURT
OF THE FIFTH JUDICIAL COURT
CITRUS COUNTY, FLORIDA
PROBATE DIVISION

IN RE: THE GUARDIAN ADVOCATE OF

Case No.:

APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE

Pursuant to Section 393.12 of the Florida Guardian Advocate Law, the undersigned submits this Application for Appointment as Guardian Advocate of _____, (the person with a developmental disability) and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Name: _____
2. Age: _____
3. Residence Address: _____
4. Mailing Address: _____

5. U.S. Citizen? Yes _____, No _____
6. Employer's Name and Address: _____

- Applicant's Position: _____
7. Home Telephone Number: _____
Work Telephone Number: _____
8. 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:

9. 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:

10. 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 and summary of treatment:

11. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes _____ No _____

12. 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 Sections 415.104 and 415.1075, Florida Statutes? Yes _____ No _____

13. 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:

14. Has applicant ever been charged with, arrested for or convicted of a felony?
Yes _____ No _____
If yes, please furnish details including date, type of offense, location and final disposition:
15. Has applicant ever been charged with, arrested for or convicted of any other crimes? Yes _____ No _____
If yes, please furnish details including date, type of offense, location and final disposition:
16. Has applicant ever held a position which required bonding? Yes _____ No _____
If yes, please describe position, date, amount of bond and name of surety:
17. 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:
18. Has applicant ever been held in contempt of court or removed as a guardian/guardian advocate? Yes _____ No _____

If yes, please describe below:

19. Has applicant ever filed for bankruptcy? Yes _____ No _____

If yes, please state date and location of court:

20. What is applicant's relationship with the person with a developmental disability?

21. 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 furnish details below:

22. Is applicant employed by a business, corporation, or other business entity which is providing professional, personal or business service to the person with a developmental disability? Yes _____ No _____

If yes, please furnish details below:

23. Is applicant a health care provider for the person with a developmental disability?
Yes _____ No _____

24. Educational history of applicant:

<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
-------------------------	---------------	-------------

High school:

College:

Other:

25. List applicant's employment experience for the past ten (10) years beginning with the most recent date:

<u>Name and address</u>	<u>Date</u>	<u>Reason for leaving</u>
-------------------------	-------------	---------------------------

26. Has applicant ever been discharged from employment by any employer listed above? Yes _____ No _____

If yes, please explain:

27. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate? Yes _____ No _____

If yes, please describe below:

28. 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 _____, 20____.

Applicant