

GUARDIANSHIP OF MINOR
QUESTIONNAIRE

A. INFORMATION ABOUT THE MINOR:

1. Full Name _____
2. Age _____
3. Date of Birth _____
4. Address _____
5. Primary Spoken Language _____
7. Minor's Social Security Number _____
8. Names and addresses of minor's parents or other next-of-kin _____

B. INFORMATION ABOUT PROPERTY:

1. Nature and value of the property subject to the guardianship _____

2. Name and address of the bank or other depository that you wish to receive the ward's
assets for safekeeping _____

C. INFORMATION ABOUT PROPOSED GUARDIAN:

1. Name _____
2. Age _____
3. Date of Birth _____
4. Place of Birth _____
5. Home Address _____
6. Social Security Number _____
7. U.S. Citizen? _____
8. Employer's Name _____
9. Employer's Address _____
10. Applicant's Position _____
11. Marital Status and Name of Spouse, if any _____
12. Your Home and Cell Telephone Numbers _____

13. Your Email Address _____
13. Length of Residence in County in Which Application is to be Filed _____

14. If currently serving as guardian for any other ward, list names of each ward, court file number, circuit court in which the case(s) is/are pending and whether applicant is acting as the limited or plenary guardian of the person or property or both _____

15. Does applicant have any physical disabilities? _____

If yes, please explain _____

16 Will any physical disability listed above affect ability to serve as guardian? _____

17. Has applicant ever been treated for the following:

a. Mental Condition _____

b. Alcohol _____

c. Drugs _____

d. Other _____

Nature of Condition _____

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

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

If "yes" was answered, please give date and complete details _____

19. 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 of the Florida Statutes? _____

If "yes" was answered, please give date and complete details _____

20. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? _____

If "yes" was answered, please give date and complete details _____

21. Has applicant ever been charged with, arrested for or convicted of a felony? _____

If "yes" was answered, please give date and complete details _____

22. Has applicant ever been charged with, arrested for or convicted of any other crimes? _____

If "yes" was answered, please give date and complete details _____

23. Has applicant ever held a position which required bonding? _____

If "yes" was answered, please describe and include reason for termination of
fiduciary position _____

24. Has applicant, in the past, ever served as guardian of a person or of a person's
property? _____

If "yes" was answered, please describe and include reason for termination of
fiduciary position _____

25. Has applicant ever been held in contempt of court or removed as guardian? _____

If "yes" was answered, please describe _____

26. Has applicant ever filed for bankruptcy? _____

If "yes" was answered, please state date and location of court _____

27. Is applicant, or applicant's business, corporation or other business entity a creditor of
or providing professional, personal or business services to the incapacitated person?

If "yes" was answered, please furnish details _____

28. Is applicant employed by a business, corporation or other business entity which is providing professional, personal or business services to the incapacitated person?

If "yes" was answered, please furnish details _____

29. Is applicant a health care provider for the alleged incapacitated person? _____

30. Educational history of applicant:

	<u>Name</u>	<u>Address</u>	<u>Degree</u>	<u>Date</u>
High School:	_____	_____	_____	_____

College:	_____	_____	_____	_____

College:	_____	_____	_____	_____

Other:	_____	_____	_____	_____

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

35. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? _____

If "yes" was answered, please describe _____

36. Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian, the rights of an incapacitated person, the availability of local resources to aid a ward, and the preparation of habilitation plans and annual guardianship reports, including financial accounting for the ward's property? _____

If "yes" was answered, indicate when and where training was received _____
