|  |
| --- |
| **IN THE CIRCUIT COURT THE EIGHTEENTH JUDICIAL CIRCUIT****IN AND FOR BREVARD COUNTY, FLORIDA** |
|  | **PROBATE DIVISION** |
| **IN RE: GUARDIANSHIP OF** |  |
|  | **File No.**   |
| WARD |  |
|  |  |
| **Ward.**  |  |

**APPLICATION FOR APPOINTMENT AS GUARDIAN**

Pursuant to Florida Statutes Section 744.3125, the undersigned submits this Application for Appointment as Guardian of WARD (the Ward) and submits the following information (whenever the space provided is insufficient, attach additional pages):

|  |  |  |
| --- | --- | --- |
|  | Name: | [] |
|  | Age: |   |
|  | Residence address: |   |
|  | Mailing address: |   |
|  | U.S. citizen: | [ ]  Yes [ ] No |
|  | Employer's name and address: |   |
|  | Home telephone number: |   |
|  | Work telephone number: |   |

|  |  |
| --- | --- |
|  | If currently serving as guardian for any other ward, list the name of each adult ward and the initials of each ward that is a minor, court file number, circuit court in which the case is pending and whether applicant is acting as the limited or plenary guardian of the person or property or both: (or list on separate sheet if more than two) |
|  |   |
|  |   |
|  | Does applicant have any physical disabilities? | [ ]  Yes [ ] No |
|  | Has applicant ever been treated for the following? |  |
|  |  Mental condition | [ ]  Yes [ ] No |
|  |  Alcohol | [ ]  Yes [ ] No |
|  |  Drugs | [ ]  Yes [ ] No |
|  |  Other:  | [ ]  Yes [ ] No |
|  | Has applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined by the Florida Statutes? | [ ]  Yes [ ] No |
|  | 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 Section 415.104, Florida Statutes?   | [ ]  Yes [ ] No |
|  | Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding?   | [ ]  Yes [ ] No |
|  | Has applicant ever been arrested for or convicted of a felony, even if the record for arrest or conviction has been expunged, unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? | [ ]  Yes [ ] No |
|  | Has applicant ever been charged with, arrested for or convicted of any other crimes? | [ ]  Yes [ ] No |
|  | Has applicant ever held a position which required bonding?   | [ ]  Yes [ ] No |
|  | Has applicant ever served as guardian of a person or of a person's property? | [ ]  Yes [ ] No |
|  | Has applicant ever been held in contempt of court or removed as guardian?   | [ ]  Yes [ ] No |
|  | Has applicant ever filed for bankruptcy?   | [ ]  Yes [ ] No |
|  |  If yes, please state date and location of court:  |
|  | What is applicant's relationship to the alleged incapacitated person? |   |
|  | Is applicant, or applicant's corporation or other business entity a creditor of, or providing professional, personal or business services to the incapacitated person?   | [ ]  Yes [ ] No |
|  | Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the incapacitated person?   | [ ]  Yes [ ] No |
|  | Is applicant a health care provider for the alleged incapacitated person? | [ ]  Yes [ ] No |
|  | Educational history of applicant: |  |
|

|  |  |  |
| --- | --- | --- |
| Name and Address | Degree | Date |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

 |

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

|  |  |  |
| --- | --- | --- |
| Name and Address | Date | Reason for Leaving |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

 |

|  |  |  |
| --- | --- | --- |
|  | Was applicant ever discharged from employment? | [ ]  Yes [ ] No |
| If so, why? |  |  |
|  | Does applicant possess any special educational qualifications (financial, business or otherwise) that qualify applicant to be appointed guardian? | [ ]  Yes [ ] No |
| If so, describe: |  |  |
|  |  |  |
|  | Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian?   | [ ]  Yes [ ] No |
| If so, describe: |  |  |
|  |  |  |

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 May, 2021.

[], Applicant