

ADULT GUARDIANSHIP
QUESTIONNAIRE

A. INFORMATION ABOUT THE ALLEGED INCAPACITATED PERSON:

1. Full name _____
2. Age _____
3. Date of birth _____
4. Social Security Number _____
5. Address _____
6. Primary Spoken Language _____
7. Description of Alleged Incapacity and Reason for Alleged Incapacity _____

B. INFORMATION ABOUT PROPOSED GUARDIAN:

1. Name _____
2. Age _____
3. Date of Birth _____
4. Address _____
Mailing Address (If different from above) _____

5. Social Security Number _____

6. Date and Place of Birth _____
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 telephone number _____
 - a. Your work number _____
 - b. Your cell number _____
 - c. 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 the 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" was answered, 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 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 position, date, amount of bond and name of surety _____

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 the Applicant:

	<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

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

32. Has applicant ever been discharged from employment? _____

If "yes" was answered, please furnish details _____

33. Has applicant ever been a member of the armed forces of the U.S.? _____

If "yes" was answered, what branch, dates and military serial number _____

34. Personal References: Please give the names, addresses and telephone numbers of

three (3) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse:

Name and Address

Telephone Number

1. _____
2. _____
3. _____

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 _____

C. Names and addresses of all persons known to petitioner who have actual knowledge of such facts regarding the alleged incapacitated person's condition (Personal knowledge gained

through personal observation of the individual.):

D. Names, Addresses and Relationships of all known next of kin of the alleged incapacitated person (give dates of birth of any who are minors):

E. Name, Address and Phone number of attending or family physician:

F. Which rights do you feel the **alleged incapacitated person** is **incapable** of exercising (Please mark with an "X"):

- | | |
|--|---|
| <input type="checkbox"/> to marry | <input type="checkbox"/> to vote |
| <input type="checkbox"/> to contract | <input type="checkbox"/> to travel |
| <input type="checkbox"/> to sue and defend lawsuits | <input type="checkbox"/> to have a driver's license |
| <input type="checkbox"/> to determine his or her residency | <input type="checkbox"/> to seek or retain employment |

() to consent to medical treatment

() to personally apply for government benefits

() to manage property or to make any gift or disposition of property

() to make decisions about his or her social environment or other social aspects of his or her life

G. Power of Attorney (POA) Information

1. Does the Ward have a Power of Attorney _____ ? If yes, please provide a copy, if available.

If yes, continue below:

2. Date of Power of Attorney: _____

3. Name of Power of Attorney: _____

4. Address of Power of Attorney: _____

H. Advance Directive for Healthcare Information (ADHC)

1. Does the Ward have a ADHC _____ ? If yes, please provide a copy, if available.

If yes, continue below:

2. Date of ADHC: _____

3. Name of Agent: _____

4. Address of Agent: _____

I. ASSETS OF THE WARD : The Court requires a complete inventory of the Wards' known assets. Please include all known: Bank accounts, securities, money market, automobiles, real property, business interests, retirement funds, life insurance, safet deposit boxes and any other asset.

Asset 1: Asset type: _____

Location: _____
Estimated Value: _____
Title: Ward only Joint with _____

Asset 2: Asset type: _____
Location: _____
Estimated Value: _____
Title: Ward only Joint with _____

Asset 3: Asset type: _____
Location: _____
Estimated Value: _____
Title: Ward only Joint with _____

Asset 4: Asset type: _____
Location: _____
Estimated Value: _____
Title: Ward only Joint with _____

J. Ward's Income Information

Income 1: Social Security Pension Interest/Dividend Other
Source: _____
Amount: _____

Income 2: Social Security Pension Interest/Dividend Other
Source: _____

Amount: _____

Income 3: [] Social Security [] Pension [] Interest/Dividend [] Other

Source: _____

Amount: _____