

IN THE CIRCUIT COURT OF THE
SEVENTEENTH JUDICIAL CIRCUIT IN
AND FOR BROWARD COUNTY, FLORIDA

ADMINISTRATIVE ORDER NO.: IV-05-A-26

IN RE:
GUARDIANSHIP APPLICATIONS
FOR APPOINTMENT AND
DISCLOSURE STATEMENTS

In accordance with the authority vested in the Chief Judge pursuant to Fla. R. Jud. Admin. 2.050 and in accordance with §744.3125, Fla. Stat. which requires the filing of Applications for Appointment and Disclosure Statements, in order to comply with the statutory requirements and protect wards, it is hereby:

ORDERED that:

1. All guardians, except for corporate guardians, shall use and file the attached Application for Appointment as Guardian effective October 1, 2005.
2. All nonprofit corporate guardians shall use and file the attached Disclosure Statement effective October 1, 2005.
3. All employees of a professional guardian shall use and file the attached Employee Statement with a Fiduciary Obligation to a Ward effective October 1, 2005.
4. This order supersedes Administrative Order IV-01-A-26.

DONE AND ORDERED in Chambers in Fort Lauderdale, Broward County, Florida on this 15th day of September, 2005.

/s/DALE ROSS
DALE ROSS, Chief Judge

IN THE CIRCUIT COURT FOR THE 17TH JUDICIAL
CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: GUARDIANSHIP OF

Case Number

Judge:

_____ /

APPLICATION FOR APPOINTMENT AS GUARDIAN

Pursuant to §744.3125, Fla. Stat., the undersigned submits this Application for Appointment as Guardian of _____ (the Ward) and submits the following information (whenever the space is insufficient, attach additional pages):

1. Name: _____
2. Social Security Number: _____
3. Date and Place of Birth: _____
4. Residence address: _____

5. Mailing address: _____

6. U.S. Citizen? Yes _____ No _____
7. Employer's name and address: _____

- Applicant's position: _____
8. Marital status and name of spouse, if any: _____
9. Home telephone number: _____
10. Length of residence in county wherein application is filed _____
11. If currently serving as guardian for any other ward, list names of each ward, court file number(s), circuit court(s) 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: (attach additional pages if necessary): _____

12. Does applicant have any physical disabilities?: _____

If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian _____

13. 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, location of treatment and name of physician or professional involved _____

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

15. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been contested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes? Yes _____ No _____

16. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes _____ No _____

17. Has applicant ever been:

a. Charged with a felony? Yes _____ No _____

b. Arrested for a felony? Yes _____ No _____

c. Convicted of a felony? Yes _____ No _____

d. Entered a plea of guilty or no contest to a felony? Yes _____ No _____

If yes, to any of the above, please furnish details, including type of offense, location and final disposition: _____

18. Has applicant ever been:
- a. Charged with any crime other than a felony? Yes _____ No _____
 - b. Arrested for any crime other than a felony? Yes _____ No _____
 - c. Convicted of any crime other than a felony? Yes _____ No _____
 - d. Entered a plea of guilty or no contest to a crime other than a felony? Yes _____ No _____

If yes, to any of the above, please furnish details, including type of offense, location and final disposition: _____

19. Has applicant ever held a position which required bonding? Yes ___ No___
20. Has applicant, in the past, ever served as guardian of a person or of a person's property? Yes _____ No _____

If yes, please describe below, including reason for termination of fiduciary position: _____

21. Has applicant ever been held in contempt of court or removed as a guardian? Yes _____ No _____

If yes, please describe below: _____

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

If yes, please state date and location of court: _____

23. What is applicant's relationship to the alleged incapacitated person (or ward, if renewal application)? _____

24. Is applicant, or applicant's business or corporation or other business entity a creditor of or providing professional, personal or business services to the incapacitated person? Yes _____ No _____

If yes, please furnish details: _____

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

Yes _____ No _____

If yes, please furnish details: _____

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

Yes _____ No _____

27. Educational history of applicant

Name and Address

Degree

Date

High School _____

College _____

Other _____

28. List applicant's employment experience for the past 10 years beginning with the most recent date

Name and Address

Date

Reason for Leaving

29. Has applicant ever been discharged from employment? Yes _____ No _____

If yes, please explain: _____

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

Yes _____ No _____

If yes, what branch, dates and military serial number: _____

31. 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

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

If yes, please describe: _____

33. 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? Yes _____ No _____

If yes, indicate when and where training was received. If the instruction and training was the professional guardianship class required by '744.1085 then please also state whether you have taken the professional guardian competency examination. If you have taken the professional guardian competency examination, please attach proof that you passed the examination. Proof of passing the professional guardian competency examination is required only for initial applications. _____

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

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL
CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: NONPROFIT CORPORATION
(Insert Name)

_____ /

DISCLOSURE STATEMENT

Pursuant to ' 744.3125, Fla. Stat., the undersigned submits this Disclosure Statement for the quarter beginning _____ and ending _____ and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Name of Nonprofit Corporate Guardian _____
2. Nonprofit Corporate Guardian's Address _____

3. This Nonprofit Corporation is organized under Florida law for (please circle one)
Religious or Charitable Purposes.
4. Nonprofit Corporate Guardian's phone number _____
5. Professional Guardian's name and social security number _____

6. Has the Nonprofit Corporation's Professional Guardian ever been treated for the following? If yes, please indicate which professional guardian.
 - 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, location of treatment and name of physician or professional involved_____

7. Has the Nonprofit Corporation's Professional Guardian listed ever been judicially determined to have committed abuse or neglect against a child as defined by Florida Statutes? Yes ___ No ___

If yes, please indicate which professional guardian_____

8. Has the Nonprofit Corporation's Professional Guardian ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been contested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes?

Yes _____ No _____

9. Has the Nonprofit Corporation's Professional Guardian ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding?

Yes _____ No _____

10. Has the Nonprofit Corporation's Professional Guardian ever been

a. Charged with a felony? Yes _____ No _____

b. Arrested for a felony? Yes _____ No _____

c. Convicted of felony? Yes _____ No _____

d. Entered a plea of guilty or no contest to a felony? Yes _____ No _____

If yes, to any of the above, please furnish details, including type of offense, location and final disposition_____

11. Has the Nonprofit Corporation's Professional Guardian ever been:

a. Charged with any crime other than a felony? Yes _____ No _____

b. Arrested for any crime other than a felony? Yes _____ No _____

c. Convicted of any crime other than a felony? Yes _____ No _____

d. Entered a plea of guilty or no contest to a crime other than a felony? Yes _____ No _____

12. Has the nonprofit corporation's professional guardian ever been denied bond or had a bond forfeited? Yes _____ No _____

If yes, please provide details, including the name of surety and the date(s) _____

13. Has the nonprofit corporation's professional guardian ever been held in contempt of court or removed as guardian? Yes _____ No _____

If yes, please describe _____

14. Has the nonprofit corporation's professional guardian ever filed bankruptcy? Yes _____ No _____

If yes, please state date and location of court _____

15. Has the nonprofit corporation's professional guardian, or applicant's business, corporation or other business entity ever been a creditor of, or providing professional or business services to any incapacitated person prior to appointment as guardian?

Yes _____ No _____

If yes, please furnish details _____

16. Has the nonprofit corporation's professional guardian ever been a health care provider for any alleged incapacitated person prior to appointment as guardian?

Yes _____ No _____

17. Educational history of the nonprofit corporation's professional guardian

	Name and Address	Degree	Date
High School	_____		
College	_____		
Other	_____		

18. Has the nonprofit corporation's professional guardian received the minimum of 40 hours of instruction and training as required by Florida Statutes?
Yes _____ No _____

19. Please list the nonprofit corporation's professional guardian's continuing education as required by Florida Statutes

Class	Credit Hours	Date

20. List the names of all wards for whom the corporation is acting as guardian, the court file number and circuit court in which each case is pending and a statement as to whether the corporation is acting as limited or plenary guardian of the person or property or both, of each ward.

I hereby certify that the nonprofit corporation filing this disclosure statement is a nonprofit corporation organized for religious or charitable purposes under Florida law.

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.

Applicant's signature

Date

IN THE CIRCUIT COURT FOR THE 17TH JUDICIAL
CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: GUARDIANSHIP OF

Case Number

Judge:

_____ /

***EMPLOYEE STATEMENT WITH A FIDICUAIRY
OBLIGATION TO A WARD***

_____, as an employee of _____,

a professional guardian, hereby provides the following information:

1. Has employee ever been judicially determined to have committed abuse or neglect against a child as defined by Florida Statutes? Yes ___ No ___
2. Has employee ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been contested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes?
Yes ___ No ___
3. Has employee ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes ___ No ___
4. Has employee ever been:
 - a. Charged with a felony? Yes ___ No ___
 - b. Arrested for a felony? Yes ___ No ___
 - c. Convicted of a felony? Yes ___ No ___
 - d. Entered a plea of guilty
or no contest to a felony? Yes ___ No ___

If yes, to any of the above, please furnish details, including type of offense, location and final disposition _____

-
5. Has employee ever been:
 - a. Charged with any crime other than a felony? Yes ___ No ___
 - b. Arrested for any crime other than a felony? Yes ___ No ___
 - c. Convicted of any crime other than a felony? Yes ___ No ___

d. Entered a plea of guilty or no contest to a crime other than a felony?

Yes ___ No ___

If yes, to any of the above, please furnish details, including type of offense, location and final disposition: _____

6. Has employee ever held a position which required bonding?

Yes ___ No ___

7. Has employee ever filed for bankruptcy? Yes ___ No ___

If yes, please state date and location of court: _____

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__

Employee