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INFORMATION NEEDED FOR APPOINTMENT AS GUARDIAN

Information About the Incapacitated Person (The Ward)

1. The Ward's Full Legal Name: _____
2. The Ward's Social Security Number: _____
3. The Ward's Date of Birth: _____
4. The Ward's Primary Language: _____
5. The Ward's current residence address: _____
6. The Ward's current mailing address: _____
7. The Ward a U.S. citizen? _____
8. What disability does the Ward have? _____
9. What is The Ward's age today? _____
10. Do you believe that the Ward has the capacity to exercise any of the following rights: to contract, sue or defend lawsuits, determine residence, consent to medical treatment, personally apply for government benefits, understand the concept of legal representation, manage or make gifts or disposition of property? _____
11. Does the Ward have any income? If so, please explain the source, amount and frequency.

12. Does the Ward have any assets? If so, please provide the type and estimated value:

13. What is the name, address & telephone number of the Ward's attending physician?

14. What are the names, physical addresses, and familial relationships of the alleged incapacitated person's next of kin?

Name

Address

Information About You

1. Your Legal Name: _____

2. Your Social Security Number: _____

3. Your Date of Birth: _____

4. Your Place of Birth: _____

5. Your Residence address: _____

6. Your Mailing address: _____

7. Are You a U.S. citizen? _____

8. Employer's name and address (Please state Retired or Unemployed if applicable):

9. Marital status and name of your spouse: _____

10. Home telephone number: _____

11. Cellular telephone number: _____

12. Length of residence in county where you currently live: _____

13. 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: _____

14. Do you have any physical disabilities? _____

15. Have you ever been treated for the following?

a. Mental condition? :

b. Alcohol? :

c. Drugs? :

d. Other? _____ :

16. Have you ever been judicially determined to have committed abuse, abandonment or neglect against a person? _____

17. Have you ever been the subject of a confirmed report of abuse, abandonment, neglect, or exploitation of another person? _____

18. Have you ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? _____

19. Have you ever been charged with, arrested for or convicted of a felony? _____

20. Have you ever been charged with, arrested for or convicted of any other crimes? _____

21. Have you ever held a position which required bonding? _____

22. Have you, in the past, ever served as guardian of a person or of a person's property? _____

23. Have you ever been held in contempt of court or removed as guardian? _____

24. Have you ever filed for bankruptcy? **If YES** – please provide State, County and Date: _____

25. What is your relationship to the alleged incapacitated person? _____

26. Have you, or your business, corporation, or other business entity, been a creditor of, or provided professional, personal or business services to the incapacitated person? _____

27. Are you employed by a business, corporation or other business entity which is providing professional, personal, or business services to the incapacitated person? _____

28. Are you a health care provider for the alleged incapacitated person? _____

29. Please provide your educational history:

<u>Name</u>	<u>Address</u>	<u>Degree</u>	<u>Date</u>
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30. Please list your employment experience for the past **ten** (10) years beginning with the most recent date: _____

31. Have you ever been discharged from employment? _____

32. Have you ever been a member of the armed forces of the U.S.? _____

33. PERSONAL REFERENCES. Please give the names, addresses and telephone numbers of three (3) responsible persons who have been closely associated with you and who have known you for five (5) years or more, not including relatives or spouse:

<u>Name</u>	<u>Address</u>	<u>Telephone number</u>

34. Do you possess any special educational qualification (financial, business or otherwise) that uniquely qualifies you to be appointed as guardian? _____

35. Have you 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? _____

36. Is there any other person that might oppose your appointment as guardian? **If YES** please provide their name(s) and mailing address(es) _____

_____.

Dated: _____, 20____.

Signature

Please return this form to: guardianship@gilbertgrouplaw.com

If you have any questions regarding the information requested in this form, please call the office at 813-443-5087.

Thank you and we look forward to working with you!