



GUARDIAN ADVOCACY QUESTIONNAIRE

| |
|---|
| INFORMATION ABOUT THE PERSON WITH DEVELOPMENTAL DISABILITY |
|---|

1. Full name _____
2. Age _____ Date of Birth: _____
3. Address _____
4. County of Residence: _____
5. Primary Spoken Language _____
6. Social Security Number _____
7. Race: _____ Sex _____
8. Florida Driver's License No./Florida Identification Card No.: _____
9. Health Insurance Company/Policy No.: _____
10. Medicare #: _____ 11. Medicaid #: _____
12. Description of the developmental disability

13. Is this an emergency (personally or financially)? _____ If yes, describe:

14. Name, COMPLETE address and phone number of attending physician:

INFORMATION ABOUT PROPOSED GUARDIAN ADVOCATE

1. Name _____
2. Relationship to developmentally disabled person _____
3. Age _____ Date of Birth _____
4. Home Address _____
5. Mailing Address (If different from above) _____
6. Email: _____
7. Home telephone Number _____ Cellular Telephone Number _____
8. Social Security Number _____ Place of Birth _____
9. U.S. Citizen _____
10. Marital Status and Name of Spouse, if any: _____
11. Length of Residence in County in which application is to be filed _____
12. Employer's Name _____
13. Employer's Address _____
14. Employer's Telephone _____
15. Position _____
16. 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.

17. Does applicant for Guardian Advocate have any physical disabilities? _____ If "yes" was answered, please explain:

18. Will any physical disability listed above affect ability to serve as guardian advocate? _____

19. Has applicant for Guardian Advocate ever been treated for the following? (yes or no)

- a. Mental condition _____
- b. Alcohol _____
- c. Drugs _____
- d. Other _____

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

20. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? _____ If yes, please give date and complete details:

21. 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:

22. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? _____ If yes, please give date and complete details:

23. Has applicant ever been charged with, arrested for or convicted of a felony? _____ If yes, please give date and complete details:

24. Has applicant ever been charged with, arrested for or convicted of any other crimes? _____ If yes, please give date and complete details:

25. Has applicant ever held a position which required bonding? _____ If yes, please describe position, date, amount of bond and name of Surety Company.

26. Has applicant, in the past, ever served as guardian of a person or of a person's property? _____ If yes, please describe and include reason for termination of fiduciary position:

27. Has applicant ever been held in contempt of court or removed as guardian? _____ If yes, please describe:

28. Has applicant ever filed for bankruptcy? _____ If yes, please state date and location of court:

29. Is applicant, or applicant's business, corporation or other business entity a creditor of or providing professional, personal or business services to the developmentally disabled person? _____ If yes, please furnish details:

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

31. Educational History of the Applicant:

| | NAME AND COMPLETE ADDRESS | DEGREE | DATES ATTENDED |
|-------------|----------------------------------|---------------|-----------------------|
| High School | _____ | _____ | _____ |
| | _____ | | |
| | _____ | | |
| College | _____ | _____ | _____ |
| | _____ | | |
| | _____ | | |
| Other | _____ | _____ | _____ |
| | _____ | | |
| | _____ | | |

32. List applicant's employment history for the past ten years. Include employer name, COMPLETE address, position held, reason for leaving, and dates of employment.

| EMPLOYER NAME AND ADDRESS | POSITION | EMPLOYMENT DATES | REASON FOR LEAVING |
|----------------------------------|-----------------|-------------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

33. Has applicant ever been discharged from employment? _____ If "yes", please furnish details:

34. Has applicant ever been a member of the armed forces of the U.S.? _____ If yes, what branch, dates and military serial number: _____

35. 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. | _____ _____ | _____ |

36. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? _____ If "yes", please describe:

37. 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, indicate when and where training was received:

38. Names and addresses of all persons known to applicant who have actual knowledge of such facts regarding the developmentally disabled person's condition (Personal knowledge gained through personal observation of the individual.):

39. Names, addresses and relationships of ALL known next of kin of the person with the developmental disability (give dates of birth of any who are minors):

| NAME | COMPLETE ADDRESS | RELATIONSHIP and AGE |
|-------------|-------------------------|-----------------------------|
|-------------|-------------------------|-----------------------------|

Natural mother:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Natural father:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

List all children of the person with the developmental disability

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

List all siblings of the person with the developmental disability

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Is the person with the developmental disability married? _____

Name and address of the spouse: _____

**INFORMATION ABOUT PROPOSED CO-GUARDIAN ADVOCATE or the
STANDBY GUARDIAN ADVOCATE: (if any)**

1. Name _____
2. Relationship to developmentally disabled person _____
3. Relationship to the proposed Guardian Advocate _____
4. Age _____ Date of Birth _____
5. Home Address _____
6. Mailing Address (If different from above) _____
7. Email: _____
8. Home Telephone Number _____ Cellular Telephone Number _____
9. Social Security Number _____
10. Place of Birth _____ U.S. Citizen _____
11. Marital Status and Name of Spouse, if any: _____
12. Length of Residence in County in which application is to be filed _____
13. Employer's Name _____
14. Employer's Address _____
15. Employer's Telephone _____
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|-------------|----------------------------------|---------------|-----------------------|
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| | _____ | | |
| | _____ | | |
| College | _____ | _____ | _____ |
| | _____ | | |
| | _____ | | |
| Other | _____ | _____ | _____ |
| | _____ | | |
| | _____ | | |

33. List applicant's employment history for the past ten years. Include employer name, COMPLETE address, position held, reason for leaving, and dates of employment.

| EMPLOYER NAME AND ADDRESS | POSITION | EMPLOYMENT DATES | REASON FOR LEAVING |
|----------------------------------|-----------------|-------------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

34. Has applicant ever been discharged from employment? _____ If "yes", please furnish details:

35. Has applicant ever been a member of the armed forces of the U.S.? _____ If yes, what branch, dates and military serial number: _____

36. 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. | _____ _____ | _____ |

37. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? _____ If "yes", please describe:

38. 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, indicate when and where training was received:

INCOME/ASSETS OF THE DEVELOPMENTALLY DISABLED PERSON

INCOME

Sources/Amounts/Frequency: _____

SAFE DEPOSIT BOX: YES/NO _____

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ PRESENT VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES _____ NO _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ PRESENT VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES _____ NO _____

STOCKS AND BONDS (please also provide copies of most recent statements, if available):

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

PRESENT VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

PRESENT VALUE: _____

BANK ACCOUNTS (please also provide copies of most recent statements, if available):

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

PRESENT VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____
PRESENT VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT (please also provide copies of most recent statements, if available):

NAME OF INSTITUTION _____
ACCOUNT NUMBER: _____
HOW TITLED: _____
PRESENT VALUE: _____

NAME OF INSTITUTION _____
ACCOUNT NUMBER: _____
HOW TITLED: _____
PRESENT VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____
LOCATION OF BONDS: _____
TO BE CASHED: _____ YES _____ NO
IF YES, NAME OF TRANSFEREE: _____
PRESENT VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TERMS OF OBLIGATION: _____
PRESENT VALUE: _____

INSURANCE ON DEVELOPMENTALLY DISABLED PERSON'S LIFE:

COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
PRESENT VALUE: _____

COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
PRESENT VALUE: _____

ANNUITIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
PRESENT VALUE: _____

COMPANY NAME: _____ POLICY #: _____
BENEFICIARIES NAMED: _____
LOCATION OF POLICY: _____
PRESENT VALUE: _____

VEHICLES:

MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
PRESENT VALUE: _____

MODEL: _____ YEAR: _____
HOW TITLED: _____
LOCATION OF TITLE: _____
PRESENT VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY:

**DOCUMENTS RELATING TO/OWNED BY THE DEVELOPMENTALLY
DISABLED PERSON THAT ARE NEEDED BY THIS OFFICE, AS APPLICABLE:**

- _____ REAL ESTATE DEEDS (copies)
- _____ BANK STATEMENTS (copies)
- _____ VEHICLE TITLES (copies)
- _____ LAST WILL AND TESTAMENT (copy-please indicate location of original, if any)
- _____ DURABLE POWERS OF ATTORNEY (copy)
- _____ LIVING WILL/HEALTH CARE SURROGATE (copy)

Under penalties of perjury, I declare that I have read the foregoing, and the facts set forth herein are true to the best of my knowledge and belief.

Date: _____

Signature _____

Print name: _____

Relationship to the developmentally disabled person _____