



## **GUARDIANSHIP OF MINOR QUESTIONNAIRE**

### **INFORMATION ABOUT THE MINOR PERSON**

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. Is there a developmental disability? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
13. Name, COMPLETE address and phone number of attending physician:  
\_\_\_\_\_  
\_\_\_\_\_

<b>INFORMATION ABOUT PROPOSED GUARDIAN</b>
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1. Name \_\_\_\_\_
2. Relationship to Minor 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 have any physical disabilities? \_\_\_\_\_ If "yes" was answered, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
18. Will any physical disability listed above affect ability to serve as Guardian? \_\_\_\_\_
19. Has applicant for Guardian 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:

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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:

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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:

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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:

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

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

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

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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:

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

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

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

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30. Is applicant a health care provider for the minor person? \_\_\_\_\_

31. Educational History of the Applicant:

	NAME AND COMPLETE ADDRESS	DEGREE	DATES ATTENDED
High School	<hr/> <hr/>	<hr/>	<hr/>
College	<hr/> <hr/>	<hr/>	<hr/>
Other	<hr/>	<hr/>	<hr/>

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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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

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

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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.	<hr/>	<hr/>
	<hr/>	
2.	<hr/>	<hr/>
	<hr/>	
3.	<hr/>	<hr/>
	<hr/>	

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, addresses and relationships of ALL known next of kin of the minor person (give dates of birth of any who are minors):

NAME	COMPLETE ADDRESS	RELATIONSHIP and AGE
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Natural mother:

_____	_____	_____
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_____	_____	
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Natural father:

_____	_____	_____
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List all siblings of the minor person:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>INCOME/ASSETS OF THE MINOR PERSON</b>
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**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 MINOR 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: \_\_\_\_\_

**MISCELLANEOUS PERSONAL PROPERTY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

\_\_\_\_\_ REAL ESTATE DEEDS (copies)  
\_\_\_\_\_ BANK STATEMENTS (copies)  
\_\_\_\_\_ BIRTH CERTIFICATE (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 Minor person \_\_\_\_\_