Davey Law Group, P.A.
P.O. Box 941251, Maitland, FL 32794-1251
phone: (407) 645-4833 fax: (407) 645-4832

Guardian Advocacy Questionnaire

Information about the person with a developmental disability:

Full Legal Name: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Primary Spoken Language: _____

Race: _____ Gender: _____

Social Security Number: ☐☐☐☐☐☐☐☐☐

Florida Driver's License or Florida Identification Card Number: _____

Health Insurance Company: _____ Policy Number: _____

Medicare Number: _____ Medicaid Number: _____

Receiving services through Agency for Persons with Disabilities Yes ___No ____Applied___Waitlist__

Description of developmental disability: _____

_____

_____

School or Work Name and Location: _____

Developmental disability means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Attending Physician Name: _____

Attending Physician Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Is the Guardian Advocacy process an emergency (personally or financially)? **Yes** ☐ **No** ☐

If yes, describe the situation below: _____

_____

_____

Information about the proposed Guardian Advocate (applicant): **(Circle: Sole or Co-Guardian Advocate)**

Full Legal Name: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Are you a U.S. Citizen: **Yes** ☐ **No** ☐

Home Address: _____

City: _____ State: ____ Zip: _____ County of Residence: _____

Mailing Address (if different from home address: _____

Email: _____ May we send documents via email? **Yes** ☐ **No** ☐

Home Telephone Number: _____ Cell Phone Number: _____

Social Security Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Primary Spoken Language: _____

Race: _____Gender: _____

Marital Status: _____ Spouse's Name (if any): _____

Length of residence in county in which application is to be filed:_____

Employer:_____ Occupation:_____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Preferred Email:_____ May we send documents via email? **Yes** ☐ **No** ☐

Currently Serving as Guardian/Guardian Advocate? **_____ Yes** **_____ No**

Full Legal Name	**Court File Number**	**Circuit Court**	**Type of Guardianship**

Does applicant for Guardian Advocate have any physical disabilities? **Yes** ☐ **No** ☐

If yes, please explain: _____

_____

Will any physical disability listed above affect your ability to serve as Guardian Advocate? **Yes** ☐ **No** ☐

Has applicant for Guardian Advocate ever been treated for the following?

Condition	**Yes**	**No**	**N/A**
Mental Condition	☐	☐	☐
Alcohol abuse:	☐	☐	☐
Drug abuse:	☐	☐	☐
Other condition	☐	☐	☐

If "yes" was answered to any of the above, provide dates of treatment, location of treatment, and name of attending physician or professional involved in treatment. _____

_____

_____

Has applicant ever been judicially determined to have committed abuse or neglect against as defined by the Florida Statutes? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

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? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Has applicant ever been charged with, arrested for or convicted of a felony? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Has applicant ever been charged with, arrested for or convicted of any other crimes? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Has applicant ever held a position which required bonding? **Yes** ☐ **No** ☐

If yes, please describe position, date, amount of bond and name of Surety Company: _____

_____

_____

Has applicant, in the past, ever served as guardian of a person or of a person's property? **Yes** ☐ **No** ☐

If yes, please describe and include reason for termination of fiduciary position: _____

_____

_____

Has applicant ever been held in contempt of court or removed as guardian? **Yes** ☐ **No** ☐

If yes, please give complete details: _____

_____

_____

Has applicant ever filed for bankruptcy? **Yes** ☐ **No** ☐

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

_____

_____

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?

Yes ☐ **No**

If yes, please give complete details: _____

_____

_____

Is applicant a health care provider for the alleged incapacitated person? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Educational History of the Applicant

Institution	Institution Name	Complete Address	Degree	Dates Attended
High School				
College				
College				
Other				

Employment History of the Applicant For the Past Ten Years

Employer Name	Complete Address	Position Title	Employment Dates	Reason for Leaving

Has applicant ever been discharged from employment? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Has applicant ever been a member of the armed forces of the U.S.? **Yes** ☐ **No** ☐

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

_____

_____

Personal Qualifications

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 give complete details: _____

_____

_____

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, please indicate when and where training was received: _____

_____

_____

Next of Kin

List addresses and relationships of ALL known next of kin of the developmentally disabled person (give dates of birth of any who are minors)

Parents	**Full Legal Name**	**Address**	**Age**
Natural Mother			
Natural Father			

Full Legal Name of Children (of Person with Developmental Disability)	**Address**	**Birthdate**	**Age**

Siblings Full Legal Name(s)	Address	Birthdate	Age

Is the developmentally disabled individual married? **Yes** ☐ **No** ☐

If yes, list the name and address of the spouse: _____

_____

_____

Proposed Standby Guardian Advocate **(Person who serves after Guardian Advocate is discharged by the court)**

Full Legal Name: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Are you a U.S. Citizen? **Yes** ☐ **No** ☐

Home Address: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Mailing Address (if different from home address: _____

Email: _____ May we send documents via email? **Yes** ☐ **No** ☐

Home Telephone Number: _____ Cell Phone Number: _____

Social Security Number: _____

Primary Spoken Language: _____

Race: _____ Gender: _____

Marital Status: _____ Spouse's Name (if any): _____

Length of residence in the county in which the application is to be filed: _____

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Business Email: _____ May we send documents via email? **Yes** ☐ **No** ☐

Currently Serving as Guardian or Guardian Advocate ☐ Does Not Apply

Full Legal Name	**Court File Number**	**Circuit Court**	**Type of Guardianship**

Does standby applicant for Guardian Advocate have any physical disabilities? **Yes** ☐ **No** ☐

If yes, please explain: _____

_____

_____

Will any physical disability listed above affect your ability to serve as Guardian Advocate? **Yes** ☐ **No** ☐

Has standby applicant for Guardian Advocate ever been treated for the following?

Condition	Yes	No	N/A
Mental Condition	☐	☐	☐
Alcohol abuse:	☐	☐	☐
Drug abuse:	☐	☐	☐
Other condition	☐	☐	☐

If "yes" was answered to any of the above, state the dates of treatment, location of treatment, and name of the attending physician or professional involved in treatment.

_____

_____

Has the standby applicant ever been judicially determined to have committed abuse or neglect as defined by the Florida Statutes? **Yes** ☐ **No** ☐

If yes, please give the date and complete details: _____

_____

_____

Has the standby 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? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Has standby applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes ☐ No ☐

If yes, please give date and complete details: _____

_____

_____

Has standby applicant ever been charged with, arrested for or convicted of a felony? **Yes** ☐ **No** ☐

If yes, please give the date and complete details: _____

_____

_____

Has standby applicant ever been charged with, arrested, or convicted of other crimes? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Has standby applicant ever held a position which required bonding? **Yes** ☐ **No** ☐

If yes, please describe position, date, amount of bond and name of Surety Company: _____

_____

_____

Has standby applicant previously ever served as guardian of a person or person's property? **Yes** ☐ **No** ☐

If yes, please describe and include reason for termination of fiduciary position: _____

_____

_____

Has standby applicant ever been held in contempt of court or removed as guardian? **Yes** ☐ **No** ☐

If yes, please give complete details: _____

_____

_____

Has standby applicant ever filed for bankruptcy? **Yes** ☐ **No** ☐

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

_____

_____

Is standby applicant, or standby applicant's business, corporation or other business entity a creditor of or providing professional, personal or business services to the developmentally disabled person? **Yes** ☐ **No** ☐

If yes, please give complete details: _____

_____

_____

Is standby applicant a health care provider for the alleged incapacitated person? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Educational History of the Standby Applicant

Institution	Institution Name	Complete Address	Degree	Dates Attended
High School				
College				
College				
Other				

Employment History of the Standby Applicant for the Past Ten Years

Employer Name	Complete Address	Position Title	Employment Dates	Reason for Leaving

Has standby applicant ever been discharged from employment? **Yes** ☐ **No** ☐

If yes, please give date and complete details: _____

_____

_____

Has standby applicant ever been a member of the armed forces of the U.S.? **Yes** ☐ **No** ☐

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

_____

_____

Personal Qualifications

Does the standby applicant possess any special educational qualifications (financial, business, or otherwise) that uniquely qualify the applicant to be appointed as guardian? **Yes** ☐ **No** ☐

If yes, please give complete details: _____

_____

_____

Has the standby applicant received instruction and training that covered the legal duties and responsibilities of a guardian, the rights of an incapacitated person, the availability of local resources to aid the Ward, and the preparation of habilitation plans and annual guardianship reports, including financial accounting for the ward's property? **Yes** ☐ **No** ☐

If yes, please indicate when and where the training was received: _____

Income/Assets of the Developmentally Disabled Person Only

Is periodic support (e.g. child support) of the person with a developmental disability being sought at this time or considered for the future? Yes____ No____

Income:

Sources	Amounts	Frequency

Safe Deposit Box? **Yes** ☐ **No** ☐

Location: _____

Real Estate:

☐ **Does Not Apply**

	Property Address	Owner	How Title is Held
Property 1			
Property 2			
	Mortgage (Yes/No)	**Homestead (Yes/No)**	**Present Market Value**
Property 1			
Property 2			

Financial:

Stocks and Bonds (please provide copies of most recent statements, if available)

☐ **Does Not Apply**

Company Name	Type of Security	How Titled	Location of Certificate	Present Value

Bank Accounts (please provide copies of most recent statements, if available):

☐ **Does Not Apply**

Bank Name	Account Number	How Titled	Present Value

ABLE Account (please provide copies of most recent statements, if available):

ABLE Account Holder	Account Number	How Titled	Present Value

Insurance on developmentally disabled person's life:

☐ **Does Not Apply**

Company Name	Policy Number	Beneficiaries	Location of Policy	Present Value

Annuities:

☐ **Does Not Apply**

Company Name	Policy Number	Beneficiaries	Location of Policy	Present Value

Vehicles: ☐ **Does Not Apply**

Make/Model	Year	How Titled	Location of Title	Present Value

Personal Property: List separately only major personal items such as jewelry, collectibles, antiques, etc. Include all other valuable non-business personal property.

☐ **Does Not Apply**

Property Description	Market Value Estimate

Rights Retained or Removed: The following is a list of the rights that may be removed in Guardian Advocacy proceedings. We encourage you to review this list and consider your loved one's ability to make informed decisions in these areas. Please reach out to your loved one's team for their opinions as well as those of treating physicians and trusted partners, which may include teachers, therapists, et al.

Can the Person:

YES ☐	NO ☐		Make and exercise informed decisions regarding his/her right to marry.
YES ☐	NO ☐		Make and exercise informed decisions regarding his/her right to vote.
YES ☐	NO ☐		Make and exercise informed decisions regarding travel independently without assistance or supervision.
YES ☐	NO ☐		Make informed decisions regarding his/her right to personally apply for government benefits.
YES ☐	NO ☐		Make and exercise informed decisions regarding his/her right to have a driver's license and operate a motor vehicle.
YES ☐	NO ☐		Make and exercise informed decisions regarding education and educational and vocational entitlements.
YES ☐	NO ☐		Make and exercise informed decisions regarding his/her right to seek or retain employment.
YES ☐	NO ☐		Make and exercise informed decisions regarding his/her right to contract.
YES ☐	NO ☐		Make and exercise informed decisions regarding his/her right to sue, or assist in the defense of suits of any nature against him or her.
YES ☐	NO ☐		Make informed decisions regarding his/her right to manage property or to make any gift or disposition of property.
YES ☐	NO ☐		Make informed decisions determining his/her residence.
YES ☐	NO ☐		Make and exercise informed decisions regarding consent to medical and mental health treatment.
YES ☐	NO ☐		Make informed decisions about their social environment or other social aspects of life.

Required Documents: Copies of documents relating to/owned by the developmentally disabled person that are needed by this office as applicable.

Birth Certificate

Real Estate Deeds

Bank Statements

Vehicle Titles

Last Will and Testament (note the location of the original document)

Durable Power of Attorney

Health Care Surrogate

Living Will

Supported Decision-Making Agreement

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:_____