

**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,  
IN AND FOR OSCEOLA COUNTY, FLORIDA**

PROBATE DIVISION  
CASE NO:

IN RE: GUARDIAN ADVOCACY OF

\_\_\_\_\_,

**APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE**  
(FORM A)

Pursuant to Section 393.12 of the Florida Guardian Advocate Law, the undersigned submits this Application for Appointment as Guardian Advocate of \_\_\_\_\_, (the person with a developmental disability) and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Name: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Residence Address: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
5. U.S. Citizen? Yes \_\_\_\_\_, No \_\_\_\_\_
6. Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Position: \_\_\_\_\_

7. Home Telephone Number: \_\_\_\_\_  
Work Telephone Number: \_\_\_\_\_

8. If currently serving as guardian/guardian advocate for any other ward, list names of each ward, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the limited or plenary guardian or guardian advocate of the person or property or both:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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9. Does applicant have any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian advocate:

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10. 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 and summary of treatment:

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

12. 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, Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_

13. 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:

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14. Has applicant ever been charged with, arrested for or convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details including date, type of offense, location and final disposition:

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15. Has applicant ever been charged with, arrested for or convicted of any other crimes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details including date, type of offense, location and final disposition:

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16. Has applicant ever held a position which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe position, date, and amount of bond and name of surety:

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17. Has applicant, in the past, ever served as guardian/guardian advocate of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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18. Has applicant ever been held in contempt of court or removed as a guardian/guardian advocate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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19. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state date and location of court:

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20. What is applicant's relationship with the person with a developmental disability?

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21. Is applicant, or applicant's business, corporation, or other business entity a creditor of, or providing professional, personal or business services to the person with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details below:

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22. Is applicant employed by a business, corporation, or other business entity which is providing professional, personal or business service to the person with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details below:

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23. Is applicant a health care provider for the person with a developmental disability?  
Yes \_\_\_\_\_ No \_\_\_\_\_

24. Educational history of applicant:

Name and Address

Degree

Date

High school:

College:

Other:

25. List applicant's employment experience for the past ten (10) years beginning with the most recent date:

<u>Name and address</u>	<u>Date</u>	<u>Reason for leaving</u>
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26. Has applicant ever been discharged from employment by any employer listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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

If yes, please describe below:

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28. Has applicant received instruction and training which covered the legal duties and responsibilities of guardian/guardian advocate, the rights of an incapacitated person or Ward, the availability of local resources to aid a Ward, and the preparation of habitual plans and annual guardian advocate reports, including financial accounting for the ward's property? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, indicate when and where training was received:

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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\_\_.

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Applicant