

*The Law Office of  
Catherine E. Davey, P.A.*

*Estate Planning · Probate  
Guardianship · Special Needs Trusts*

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***ADULT GUARDIANSHIP QUESTIONNAIRE***

**A. INFORMATION ABOUT THE ALLEGED INCAPACITATED PERSON:**

1. Full name \_\_\_\_\_
2. Age \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_
4. Address \_\_\_\_\_
5. County of Residence: \_\_\_\_\_
6. Primary Spoken Language \_\_\_\_\_
7. Social Security Number \_\_\_\_\_
8. Race: \_\_\_\_\_ 9. Sex \_\_\_\_\_
10. Florida Driver's License No./Florida Identification Card No.: \_\_\_\_\_
11. Health Insurance Company/Policy No.: \_\_\_\_\_
12. Medicare \_\_\_\_\_ 13. Medicaid \_\_\_\_\_
14. Description of Alleged Incapacity and Reason for Alleged Incapacity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Is this an emergency (personally or financially)? \_\_\_\_\_

**B. INFORMATION ABOUT PROPOSED GUARDIAN:**

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

15. Does applicant have any physical disabilities? \_\_\_\_\_

If "yes" was answered, please explain \_\_\_\_\_

16. Will any physical disability listed above affect ability to serve as guardian? \_\_\_\_\_

\_\_\_\_\_

17. Has applicant ever been treated for the following?

a. Mental condition \_\_\_\_\_

b. Alcohol \_\_\_\_\_

c. Drugs \_\_\_\_\_

d. Other \_\_\_\_\_

Nature of Condition \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

18. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? \_\_\_\_\_

If "yes" was answered, please give date and complete details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. 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 \_\_\_\_\_

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

20. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? \_\_\_\_\_

If "yes" was answered, please give date and complete details \_\_\_\_\_

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

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

If "yes" was answered, please give date and complete details \_\_\_\_\_

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

22. Has applicant ever been charged with, arrested for or convicted of any other crimes? \_\_\_\_\_

If "yes" was answered, please give date and complete details \_\_\_\_\_

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

23. Has applicant ever held a position which required bonding? \_\_\_\_\_

If "yes" was answered, please describe position, date, amount of bond and name of surety \_\_\_\_\_

24. Has applicant, in the past, ever served as guardian of a person or of a person's property? \_\_\_\_\_

If "yes" was answered, please describe and include reason for termination of fiduciary position \_\_\_\_\_

\_\_\_\_\_

25. Has applicant ever been held in contempt of court or removed as guardian? \_\_\_\_\_

If "yes" was answered, please describe \_\_\_\_\_

\_\_\_\_\_

26. Has applicant ever filed for bankruptcy? \_\_\_\_\_

If "yes" was answered, please state date and location of court \_\_\_\_\_

\_\_\_\_\_

27. Is applicant, or applicant's business, corporation or other business entity a creditor of or providing professional, personal or business services to the incapacitated person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Is applicant employed by a business, corporation or other business entity which is providing professional, personal or business services to the incapacitated person?

\_\_\_\_\_

If "yes" was answered, please furnish details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Is applicant a health care provider for the alleged incapacitated person? \_\_\_\_\_

30. Educational History of the Applicant:

	<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

31. List applicant's employment experience (position held, employer, address, reason for leaving) for the past ten (10) years beginning with the most recent date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. Has applicant ever been discharged from employment? \_\_\_\_\_

If "yes", please furnish details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. Has applicant ever been a member of the armed forces of the U.S.? \_\_\_\_\_  
If "yes", what branch, dates and military serial number \_\_\_\_\_  
\_\_\_\_\_

34. 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:

	<u>Name and Address</u>	<u>Telephone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

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

36. 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 \_\_\_\_\_

\_\_\_\_\_

- C. Names and addresses of all persons known to petitioner who have actual knowledge of such facts regarding the alleged incapacitated person's condition (Personal knowledge gained through personal observation of the individual.):

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

- D. Names, Addresses and Relationships of all known next of kin of the alleged incapacitated person (give dates of birth of any who are minors):

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

- E. Name, Address and Phone number of attending or family physician:

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

F. Which rights do you feel the alleged incapacitated person is incapable of exercising (Please mark with an "X"):

- |  |   |
|--|---|
| <input type="checkbox"/> to marry  | <input type="checkbox"/> to vote  |
| <input type="checkbox"/> to contract   | <input type="checkbox"/> to travel  |
| <input type="checkbox"/> to sue and defend lawsuits  | <input type="checkbox"/> to have a driver's license   |
| <input type="checkbox"/> to determine his or her residency                                 | <input type="checkbox"/> to seek or retain employment   |
| <input type="checkbox"/> to consent to medical treatment                                   | <input type="checkbox"/> to personally apply for government benefits  |
| <input type="checkbox"/> to manage property or to make any gift or disposition of property | <input type="checkbox"/> to make decisions about his or her social environment or other social aspects of his or her life |

**INCOME/ASSETS of ALLEGED INCOMPETENT 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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 ALLEGED INCAPACITATED PERSON'S LIFE:**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**ANNUITIES:**

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ POLICY #: \_\_\_\_\_

BENEFICIARY 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: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

PRESENT VALUE: \_\_\_\_\_

**MISCELLANEOUS PERSONAL PROPERTY:**

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

**DOCUMENTS NEEDED BY THIS OFFICE:**

\_\_\_\_\_ REAL ESTATE DEEDS (copies)

\_\_\_\_\_ BANK STATEMENTS (copies)

\_\_\_\_\_ VEHICLE TITLES (copies)

\_\_\_\_\_ BILLS/CREDITORS (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.

\_\_\_\_\_  
Print name: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_