



ADULT GUARDIANSHIP QUESTIONNAIRE
(Person and Property)

INFORMATION ABOUT THE ALLEGED INCAPACITATED PERSON

1. Full name: _____ Gender: _____
2. Age: _____ Date of Birth: _____
3. Address: _____
4. County of Residence: _____
5. Phone number: _____
6. Primary Spoken Language _____
7. Social Security Number _____
8. Florida Driver's License No./Florida Identification Card No.: _____
9. Is the alleged incapacitated person still driving? _____
10. Health Insurance Company/Policy No.: _____
11. Medicare: Yes or No Policy # _____
12. Medicaid: Yes or No Policy # _____
13. Description of the alleged incapacity and reason for alleged incapacity and date of onset:

Do you belong to any groups that support the disability/special needs of your loved one? _____

If so, which groups? _____

If not, would you like for us to assist you in connecting with one? _____

14. Is this an emergency? For example: emergency medical decisions need to be made or financial exploitation imminent? Yes or No _____ Describe situation:

15. Name, address and phone number of attending physician: _____

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16. Has the alleged incapacitated person ever been a member of the U.S. military? _____
a. If yes, what branch, dates and military serial number: _____
b. Did they serve at least one day during war time? _____
17. Does the alleged incapacitated own any firearms? _____
18. Does the alleged incapacitated person have an advance directive/living will? _____
19. Has the alleged incapacitated person executed an power of attorney? _____
a. If yes, to whom, date (copy needed): _____
20. Does the alleged incapacitated own any pets? _____
21. Religious considerations: _____
22. Does the alleged incapacitated person have any special wishes regarding life prolonging procedures? _____
23. Has the alleged incapacitated person made any gifts to anyone in excess of \$1000 in the last five years? Describe: _____
24. Does the alleged incapacitated person wish to make anatomical gifts? _____
25. Does the alleged incapacitated person have an attorney? Yes or No _____
a. If yes, name and address: _____

26. Does the alleged incapacitated person have an accountant? Yes or No _____
a. If yes, name and address: _____

27. Does the alleged incapacitated person have a financial planner? Yes or No _____
a. If yes, name and address: _____

28. Is there any additional information regarding the alleged incapacitated person that you wish to share with us:

INFORMATION ABOUT PROPOSED GUARDIAN

29. Name _____ Gender _____
30. Age _____ Date of Birth _____
31. Residential Address: _____
32. County of residence: _____
33. How long have you been living at your current residence? _____
34. Mailing Address (If different from above) _____
35. Email address: _____
- a. May we email you confidential information/legal documents to this email address? Yes or No _____
36. Social Security Number _____
37. Place of Birth _____ U.S. Citizen Yes or No _____
38. Employer's Name _____
39. Employer's Address _____
40. Employer's Telephone _____
41. Position _____
42. Marital Status ___Married ___Single ___Divorced ___Widowed
43. Name of Spouse, if applicable: _____
44. Your home phone number _____
45. Your mobile phone number _____
46. If you are 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:
- _____
- _____
47. Has applicant ever been removed as a natural or court appointed guardian? _____
- If "yes" was answered, please describe: _____
- _____

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48. Does applicant have any physical disabilities? _____ If "yes" was answered, please explain nature of disability: _____

49. Will any physical disability listed above affect ability to serve as guardian? _____
If yes, explain: _____

50. Has applicant ever been treated for the following?

a. Mental condition- Yes or No: _____

b. Alcohol- Yes or No: _____

c. Drugs- Yes or No: _____

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: _____

51. 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: _____

52. 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 or No _____ If yes, please give date and complete details: _____

53. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes or No _____ If yes, please give date and complete details: _____

54. Has applicant ever been charged with, arrested for or convicted of any other crimes? Yes or No _____ If yes, please give date and complete details: _____

55. Has applicant ever been charged with, arrested for or convicted of a felony? Yes or No _____ If yes, please give date and complete details: _____

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56. Has applicant ever held a position which required bonding? _____ If yes, please describe position, date, amount of bond and name of surety: _____

57. In the past has applicant ever served as guardian of a person or of a person's property? Yes or No _____

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

58. Has applicant ever been held in contempt of court in any matter? Yes or No _____

a. If yes, please describe: _____

59. Has applicant ever been removed as guardian? Yes or No _____

a. If yes, please describe: _____

60. Has applicant ever filed for bankruptcy? Yes or No _____

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

61. 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?

Yes or No _____

a. If yes, please furnish details: _____

62. Is applicant employed by a business, corporation or other business entity which is providing professional, personal or business services to the incapacitated person? Yes or No _____

a. If "yes" was answered, please furnish details: _____

63. Is applicant a health care provider for the alleged incapacitated person? Yes or No _____

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64. **Educational History of the Applicant.** Give complete name and address of each school, years attended and degrees received.

	Dates	Degree
High School (name and address)		
_____	_____	_____

College (name and address)		
_____	_____	_____

Other (name and address)		
_____	_____	_____

65. List applicant's **employment history** (position held, employer, address, reason for leaving) for the past ten (10) years beginning with the most recent date.

Employer name and address	Dates	Position	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

66. Has applicant ever been discharged from employment? Yes or No _____ If yes, please furnish details: _____

67. Does applicant possess any special educational qualifications (financial, business or professional relevant to the nature of the services sought to be provided) that uniquely qualifies applicant to be appointed as guardian? Yes or No _____ If yes, please describe: _____

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68. 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? Yes or No _____ If yes, indicate when and where training was received: _____

*Within four months of your appointment, you will be **required** to take an 8-hour guardian education class at your own expense.*

69. Names and addresses of all persons known to petitioner who have actual personal knowledge gained through personal observation of the alleged incapacitated person of the facts regarding the alleged incapacitated person's condition: (family members, close friends, doctors)

70. Names, addresses and relationships of **all** known next of kin (spouse, parents, siblings, children) of the alleged incapacitated person (give dates of birth of any who are minors):

71. Is the Alleged Incapacitated Person taking care of any dependents? Yes or No _____
If yes, who: _____

72. Do the family members understand the need for the determination of incapacity and the appointment of a guardian? Yes or No _____ Do you anticipate they will consent? Yes or No _____ If no, please give details regarding why they would not consent:

73. Which rights do you feel the alleged incapacitated person is incapable of exercising, please mark with an "X"

- to personally apply for government benefits
- to contract
- to sue and defend lawsuits
- to manage property or to make any gift or disposition of property
- to determine [his/her] residency
- to consent to medical and mental health treatment
- to make decisions about [his/her] social environment or other social aspects of life
- to marry
- to vote
- to travel
- to have a driver's license
- to seek or retain employment

INCOME AND ASSETS OF THE ALLEGED INCAPACITATED PERSON:

INCOME OF THE ALLEGED INCAPACITATED PERSON: (Examples include wages from employment, Social Security, SSI, SSDI, VA benefits, Pensions, etc) List source, amount, and frequency of payment (i.e., weekly, monthly, annually):

DOES THE AIP IN WHOLE OR IN PART OWN A BUSINESS THAT IS CURRENTLY OPERATING? Yes or No _____ Describe: _____

IS THERE ANY PENDING LITIGATION ON BEHALF OF OR AGAINST THE ALLEGED INCAPACITATED PERSON? Yes or No _____ Describe:

DOES THE ALLEGED INCAPACITATED PERSON HAVE A SAFE DEPOSIT BOX?

Yes or No _____

Bank, branch, and box number: _____

REAL ESTATE OWNED IN WHOLE OR IN PART BY THE ALLEGED INCAPACITATED PERSON:

Address _____

County _____ Present Value \$ _____

How Titled: _____

Homestead: Yes or No _____

Subject to mortgage? Yes / No _____

Bank name and address, and account number: _____

Are property taxes current? _____

Homeowner's insurance, company name and policy number: _____

Is the homeowner's policy current? _____

STOCKS AND BONDS OWNED IN WHOLE OR IN PART BY THE ALLEGED INCAPACITATED PERSON (please also provide copies of most recent statements):

Name of Company: _____

Type of Security: _____

How Titled: _____

Location of Certificate: _____

Present Value: \$ _____

BANK, MONEY MARKET ACCOUNTS, CERTIFICATES OF DEPOSIT OWNED IN WHOLE OR IN PART BY THE ALLEGED INCAPACITATED PERSON

(please also provide copies of most recent statements):

Bank/Institution Name: _____

Account Number: _____

How Titled: _____

Present Value: _____

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Bank/Institution Name: _____

Account Number: _____

How Titled: _____

Present Value: _____

Bank/Institution Name: _____

Account Number: _____

How Titled: _____

Present Value: _____

**U.S. GOVERNMENT SAVINGS BONDS OWNED IN WHOLE OR IN PART BY THE
ALLEGED INCAPACITATED PERSON (E, EE, H):**

How Titled: _____

Location Of Bonds: _____

To Be Cashed: Yes or No _____ Present Value: \$ _____

If Yes, Name of Transferee: _____

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: \$ _____

DOCUMENTS RELATED TO THE ALLEGED INCAPACITATED PERSON NEEDED BY THIS OFFICE:

- _____ Real Estate Deeds (copies)
- _____ Bank Statements (copies)
- _____ Vehicle Titles (copies)
- _____ Last Will and Testament (copy, please indicate location of original, if any)
- _____ Revocable or Irrevocable Trusts (copies)
- _____ D.N.R. (Do Not Resuscitate Order, copy)
- _____ Durable Powers Of Attorney (copy)
- _____ Living Will/Health Care Surrogate (copy)
- _____ Alleged Incapacitated Person's Driver's License or State Id Card (Copy)
- _____ Proposed Guardian's Driver's License, 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.

Dated this _____ day of _____, 20_____.

Signature: _____

Print name: _____

Relationship to Alleged Incapacitated Person: _____