



## ***GUARDIANSHIP OF MINOR QUESTIONNAIRE***

### **A. INFORMATION ABOUT THE MINOR:**

1. Full name \_\_\_\_\_
2. Age \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_
4. Address \_\_\_\_\_
5. County of Residence: \_\_\_\_\_
6. Primary Spoken Language \_\_\_\_\_
7. Minor's 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. Income from all sources (including Social Security) \_\_\_\_\_
15. Names and addresses of minor's parents and other next-of-kin \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **B. INFORMATION ABOUT PROPOSED GUARDIAN:**

1. Name \_\_\_\_\_
2. Age \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth \_\_\_\_\_
5. Address \_\_\_\_\_
6. Social Security Number \_\_\_\_\_
7. U.S. Citizen? \_\_\_\_\_
8. Employer's Name \_\_\_\_\_

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9. Employer's Address \_\_\_\_\_
10. Applicant's Position \_\_\_\_\_
11. Marital Status and Name of Spouse, if any \_\_\_\_\_
12. Your Home Telephone Number \_\_\_\_\_
13. Your Work Telephone Number: \_\_\_\_\_
14. Length of Residence in County in Which Application is to be Filed \_\_\_\_\_  
\_\_\_\_\_
15. If currently serving as guardian for any other ward, list 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 \_\_\_\_\_
16. Does applicant have any physical disabilities? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Will any physical disability listed above affect ability to serve as guardian? \_\_\_\_\_  
\_\_\_\_\_
18. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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19. 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 \_\_\_\_\_  
\_\_\_\_\_
20. 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 \_\_\_\_\_  
\_\_\_\_\_
21. 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 \_\_\_\_\_  
\_\_\_\_\_
22. Has applicant ever been charged with, arrested for or convicted of a felony? \_\_\_\_\_  
\_\_\_\_\_  
If "yes" was answered, please give date(s) and complete details of each and every charge \_\_\_\_\_  
\_\_\_\_\_
23. Has applicant ever been charged with, arrested for or convicted of any other crimes? \_\_\_\_\_  
\_\_\_\_\_  
If "yes" was answered, please give date(s) and complete details of each and every incident \_\_\_\_\_  
\_\_\_\_\_

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24. Has applicant ever held a position which required bonding? \_\_\_\_\_  
If "yes" was answered, please describe and include reason for termination of fiduciary position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
25. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
26. Has applicant ever been held in contempt of court or removed as guardian? \_\_\_\_\_  
If "yes" was answered, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
27. Has applicant ever filed for bankruptcy? \_\_\_\_\_  
If "yes" was answered, please state date and location of court \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
28. 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?  
\_\_\_\_\_  
If "yes" was answered, please furnish details \_\_\_\_\_  
\_\_\_\_\_
29. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

31. Educational history of applicant:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

34. Has applicant ever been a member of the armed forces of the U.S.? \_\_\_\_\_

If "yes" was answered, what branch, dates and military serial number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

36. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? \_\_\_\_\_  
If "yes" was answered, 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" was answered, indicate when and where training was received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Your email address: \_\_\_\_\_

May we communicate with you/send legal documents to you at this email address?\_\_\_\_\_

**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\_\_\_\_.

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

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