

INCAPACITY GUARDIANSHIP INTAKE FORM

1. Name: _____
2. Date of Birth: _____
3. Social Security No.: _____
4. Age: _____
5. Name of Ward: _____ Relationship to Ward: _____
6. County where filing: _____
7. Residence address: _____
8. Mailing address if different: _____
9. U.S. citizen? _____
10. Employer's name and address: _____

11. Applicant's position: _____
12. Home telephone number: _____
13. Work telephone number: _____
14. Cell phone number: _____
15. If currently serving as guardian for any other ward, list name of each ward, court file number, circuit court in which the case is 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? _____
17. Has applicant ever been treated for the following:
 - a. Mental condition? _____
 - b. Alcohol? _____
 - c. Drugs? _____
 - d. Other? _____
18. Has applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined by the Florida Statutes? _____
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 Section 415.104, Florida Statutes? _____
20. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? _____ If yes, when? _____

21. Has applicant ever been charged with, arrested or convicted of a felony? _____
If yes, When? _____
22. Has applicant ever been charged with, arrested or convicted of any other crimes? _____
23. Has applicant ever held a position which required bonding? _____
24. Has applicant ever served as guardian of a person or of a person's property? _____
25. Has applicant ever been held in contempt of court or removed as guardian? _____
26. Has applicant ever filed for bankruptcy? _____ If yes, when? _____
27. What is applicant's relationship to the alleged incapacitated person? _____
28. Is applicant, or applicant's corporation or other business entity a creditor of, or providing professional, personal or business services to the incapacitated person? _____
29. Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the incapacitated person? _____
30. Is applicant a health care provider for the alleged incapacitated person? _____
31. Educational history of applicant:

Name and Address

Degree

Date

High School:

College:

Other:

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

Name and Address

Date

Reason for Leaving

33. Was applicant discharged from employment by any employer listed above? _____
34. Does applicant possess any special educational qualifications (financial, business or otherwise) that qualify applicant to be appointed guardian? _____
35. Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian? _____ If yes, where and when? _____

Client must provide us with the following:

- Credit Report
- Fingerprint Card
- Copy of Driver's License

Intake by: _____

Date: _____

Referral: _____