



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

CATHERINE E. DAVEY, J.D., LL.M.

Post Office Box 941251
Maitland, Florida 32794-1251
Telephone (407) 645-4833
Facsimile (407) 645-4832

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 _____
Email: _____
6. Social Security Number _____
7. U.S. Citizen? _____
8. Employer's Name _____
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 _____

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 _____

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 _____

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 _____

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 _____

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 _____, 200 ____.

Print name: _____

Relationship to Ward: _____