

ANNUAL GUARDIANSHIP INVESTIGATION CHECKLIST FOR PROFESSIONAL GUARDIANS AND EMPLOYEES OF PROFESSIONAL GUARDIANS

This form must be submitted annually by all professional guardians and employees of professional guardians with a fiduciary obligation to a ward. Please check all the appropriate boxes. A separate form is required for each employee.

Name of Guardian Applicant/Employee _____

Any other name(s) used by Applicant/Employee _____

Applicant's/Employee's Address _____

Street City State Zip

Applicant's/Employee's SS# _____ Applicant's/Employee's DOB _____

Applicant's/Employee's Race _____ Applicant's/Employee's Sex _____

Corporate name of Applicant's/Employee's Employer _____

Name of Applicant's/Employee's Spouse _____

Name(s) of Applicant's/Employee's Child(ren) _____

To be filled out by Professional Guardians only:

- | | | |
|--|---|---|
| 1. Investigation Checklist | <input type="checkbox"/> Yes | |
| 2. Application for Appointment | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Applicable |
| 3. Disclosure Statement for Not for Profit | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Applicable |
| 4. Employee Statement | <input type="checkbox"/> Attached | <input type="checkbox"/> Not Applicable |
| 5. Fingerprints | <input type="checkbox"/> Submitted electronically | <input type="checkbox"/> Waived by Court |
| 6. Investigation Fee in the amount of \$57.50, payable to the Broward County Clerk of Court
(Includes Court Monitor/Credit Investigation fee and Professional Guardian processing fee.) | <input type="checkbox"/> Attached | <input type="checkbox"/> Waived by Court |
| 7. Registration with the Statewide Public Guardianship Office (SPGO) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. A list of employees who owe a fiduciary responsibility to the Ward | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| 9. Blanket Bond
(If yes, include a copy of the bond.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| 10. Request a Copy of Court Monitor Results
(If yes, submit a self-addressed, stamped envelope and a check in the amount of \$1.00 payable to the Broward County Clerk of Court.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby give my consent for a background check in accordance with chapter 744, Florida Statutes including, but not limited to, a credit history investigation, an FDLE, FBI, employment, and Department of Children and Families background check.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.

Applicant's/Employee's Signature

Date

Name [_____]