

Notice of Employees

Professional Guardian and/or Entity: _____
Address: _____
City: _____ State _____
Zip Code: _____ Telephone: _____
E-Mail address: _____

No Employees

As of _____(date) the following individuals have a fiduciary responsibility to a ward for whom I am guardian and attached is the DCF release form for each.

Name: _____
Date hired: _____
Duties Performed: _____

Name: _____
Date hired: _____
Duties Performed: _____

Name: _____
Date hired: _____
Duties Performed: _____

If there are more than three employees please attach the above information for each employee to this notice.

I agree to submit an amendment to the above information within 15 days of termination an employee or hiring of a new employee.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

Guardian Signature: _____
Date: _____