

**PROFESSIONAL GUARDIANSHIP CHECKLIST – ADDITIONAL APPOINTMENTS DURING
CALENDAR YEAR _____**

This form must be submitted with each additional case the professional guardian seeks appointment as the guardian during the calendar year stated above.

Please make sure to "x" or "check" the appropriate boxes.

Guardianship of _____ Reference # _____

Name of Guardian/Employee Applicant _____

Any other name used by Applicant/Employee _____

Address of Applicant _____
Street Address City State Zip

Guardian Applicant Relationship to Ward _____

- 1 Professional Guardian Checklist
- 2 Application for Appointment () Attached () Not Applicable
- 3 Check payable to Clerk of Court for \$7.50 () Attached
(Professional Guardian Processing Fee)
- 4 Registered with SPGO () Yes () No
(Statewide Public Guardianship Office)
- 5 Blanket Bond () Yes () No
(A copy of the blanket bond must be attached)

I hereby give my consent for a background check in accordance with Florida Statutes, Chapter 744 to include, but may not be limited to, a check of credit, FDLE, FBI, employment, and Department of Children & Families background.

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

Guardian Applicant Signature

Date