

**SIXTH JUDICIAL CIRCUIT APPLICATION TO PROVIDE COURT APPOINTED
GUARDIANSHIP EXAMINING COMMITTEE MEMBER OR
DEVELOPMENTAL DISABILITIES EXAMINING COMMITTEE MEMBER SERVICES**

Please provide the following information as a part of the application and verification process to provide services as a **GEC-DDEC Member**. This application must be completed in its entirety if you wish to be considered for appointment. It must be electronically submitted to the Court Counsel's Office at SixthCircuitContracts@jud6.org.

I. Applicant Information

Name: License # or Certification #:
(as it appears on license or certification)

Business Address:
(Street Address)

(City) (State) (Zip Code)

Business # () Cell # () Fax # ()

E-mail Address **(MUST BE PROVIDED)**

II. Please check all of the following that apply:

I have good moral character.

I am a United States citizen.

I agree to submit to a law enforcement records check.

I agree to enter into a contract to provide **GEC-DDEC Member** services for the Sixth Judicial Circuit if selected.

I do not have any conflict of interest, including any employment or business relationship or involvement in any other situation in which regard for my private interest would tend to lead to disregard of my duties as a **GEC-DDEC Member**.

I will notify the Chief Judge of any formal complaint filed against me by The Florida Bar or by the Florida Department of Health or by any licensing authority and of any non-confidential consent agreements entered into between any licensing authority and myself.

I will immediately notify the Chief Judge if I am arrested, charged with any criminal offense, or named in any suit in any jurisdiction, or if a personal or familial involvement arises in any litigation before any court of the Sixth Judicial Circuit.

I am currently a: GEC-DDEC Member/ Court Expert in _____ (County/Circuit).

Have you ever been held in contempt? No Yes

If "yes," provide explanation for each instance.

Have you ever been charged with fraud, misrepresentation, or perjury in a judicial or administrative proceeding? No Yes

Have you ever held a position which required bonding? No Yes

Have you even been removed from a position of Guardian, Agent under Power of Attorney, Trustee, or other fiduciary position? No Yes

Are any of your family or household members currently employed by the Sixth Judicial Circuit?

No Yes

If "yes," what is their relationship to you?

III. I am applying to serve as a (indicate the committee(s), geographic location(s), and your qualifications):

Guardianship Examining Committee in: Pinellas East Pasco West Pasco

➤ **I am a Florida licensed** (check each of the following that apply):

Physician Psychiatrist Psychologist Gerontologist

Developmental Disabilities Examining Committee in: Pinellas East Pasco West Pasco

➤ **I am a Florida licensed** (check each of the following that apply):

Physician Psychologist Masters in Social Work

Masters in Special Education Masters in Vocational Rehabilitation Counseling

Other _____

IV. Training / Qualifications:

I have attached a résumé which reflects my qualifications and abilities to provide evaluations as a **GEC-DDEC Member**.

I hereby certify that I have completed the four hours of required initial training; **AND**

I last completed the two hours of continuing education as required by section 744.331(3)(d), Fla. Stat., on (date) _____.

I certify that I understand the following timelines and requirements must be met for all assignments:

All examiners are chosen on a rotating basis by the Clerk of the Court and an Examining Committee shall be appointed by the Court within 5 days of the filing of the Petitions.

Members of the Examining Committee may not be associated with one another, with the alleged incapacitated person, any party or family thereof, with the proposed guardian, or any businesses providing services to the alleged incapacitated person.

Members of the Examining Committee must be able to communicate, either directly or through an interpreter, in a language the alleged incapacitated person speaks or communicates with.

Each Member of the Examining Committee must examine the alleged incapacitated person and determine his/her ability to exercise the rights under section 744.3215.

Each Member shall have access to and examine, and may consider, previous examinations of the alleged.

The examination must include a comprehensive examination and a written report. Members shall use the court approved report form (available at www.jud6.org).

Each Member must file the comprehensive examination report with the Court within 15 days after appointment.

If the Member has a conflict of interest, scheduling conflict, or is unable to complete the report within 15 days, the Member shall promptly notify the court and parties in writing within 24 hours of determining the conflict.

The Member may be required to testify. The Member must be able to appear at hearings in person and be able to appear at hearings remotely by video utilizing the Zoom platform.

For any membership or participation in an association/organizations/clubs/non-profits, does the association/organization/club/non-profit relate to guardianship, developmental disability, incapacity, vulnerable adults, or other adult disabled persons? No Yes

If “yes,” please describe?

I have familiarized myself and agree to provide services in accordance with, and comply with the requirements of, the applicable Sixth Circuit Administrative Orders and relevant law as outlined in the **INFORMATION SHEET**, which can be found on the Sixth Circuit’s website at www.jud6.org/LegalCommunity/CourtContractedServices.html.

I certify that the answers given herein are true and complete. I understand that false or misleading information given in my application or résumé, or any omission of information requested will be grounds for refusal of appointment or dismissal and termination of any other contract to provide services to the Sixth Judicial Circuit.

Signature of Applicant

Date

Email Address

(Your typed name & email address serves as your ‘electronic signature’)

**This Completed Application, Vendor Background Check Form, and your
Résumé, must be submitted ELECTRONICALLY to the
Court Counsel’s Office at SixthCircuitContracts@jud6.org**

NOTE: If you **do not** have the ability to submit your paperwork by email, please notify the Office of Court Counsel before mailing or faxing any documentation. With approval, documentation may be mailed to Court Counsel’s Office, 14250 49th Street North, Suite J4.601, Clearwater, FL 33762. Certified deliveries **will not** be accepted.

If you need an accommodation to complete this form, please call (727) 582-7424.

SIXTH JUDICIAL CIRCUIT VENDOR BACKGROUND CHECK AUTHORIZATION

PERSONAL INFORMATION:

Last Name First Name M.I. Social Security Number Driver License #

Home Address:
(including County)

Business Address:

Home/Business Phone:

- Are any of your family members employed by the Sixth Judicial Circuit? Yes No

If yes, please state their name(s) and how you are related.

- Are you or any of your family members now involved as a party, a witness, or through any other connection with any suit or litigation before any courts of the Sixth Judicial Circuit? Yes No

If yes, explain that involvement:

- Have you ever been involved as the respondent in any injunction involving personal protection including domestic violence, dating violence, repeat violence, and sexual violence in any jurisdiction? Yes No

If yes, explain:

- Have you ever been named as a parent or guardian of a child in a dependency action in any jurisdiction? Yes No

If yes explain:

- Have you **EVER—at any time**, in any jurisdiction—been convicted of a crime, had adjudication of a crime withheld, pled nolo contendere (no contest) to a crime, or are you now under charges for any offense against the law? (You may omit parking violations and civil traffic infractions.)

Yes No If yes, explain:

Answering yes to any of the above questions will not necessarily disqualify you from being a vendor. The failure to disclose a required event is generally a disqualifying event in itself. Each case is considered individually. If you are unsure of how to answer any of the above, please explain. You may use additional space on the reverse of this authorization form to complete your explanations.

The following information is required and will be used solely for the purpose of conducting a criminal background check:

Gender: Male Female Date of Birth:

Race:

- White** (not of Hispanic origin) – includes Whites, Anglo-Saxons, Europeans and persons from Indo-European descent including Pakistani and East Indian.
- Black** (not of Hispanic origin) – includes persons of African descent as well as persons identified as Jamaican, Trinidadian, and West Indian
- Hispanic** (regardless of race) – includes Mexican-Americans, Chicanos, Latinos and all persons from Puerto Rico, Cuba, Latin-America, or of Spanish descent.
- Asian or Pacific Islander** – includes Asian-Americans and persons of Japanese, Chinese, Korean or Filipino descent.
- American Indian or Alaskan Native** – includes persons who identify themselves, or are known as such, by virtue of tribal association

Other (Specify)

CERTIFICATION: I certify that answers given herein are true and complete. I understand that giving false or misleading information, or the omission of any information requested in this authorization, will be grounds for refusal of vendor consideration. I understand that if offered a vendor agreement, I will be required to abide by all rules and regulations of the Administrative Office of the Courts. I agree that if I am arrested, charged with any criminal offense, or named in any suit in any jurisdiction, or if a personal or familial involvement arises in the outcome of any litigation before any court of the Sixth Judicial Circuit during my agreement as a vendor, I will immediately notify the Court Counsel's Office of the Sixth Judicial Circuit. I grant permission to the Sixth Judicial Circuit to conduct a background check on me and to share the results of the check with other State of Florida entities as necessary to consider my application to provide services for the Court.

Signature of Vendor

(your typed name & email address serves as your 'electronic signature')

Date

SAVE

Email the Application and Vendor Background Form to: SixthCircuitContracts@jud6.org