

**GUARDIANSHIP EXAMINING COMMITTEE MEMBER OR
DEVELOPMENTAL DISABILITIES EXAMINING COMMITTEE MEMBER
TRAINING AFFIDAVIT**

I, _____, swear or affirm that I have completed the
(Print name)
required four hours of initial training at the Initial Guardianship Examining Committee Training held on
November 19, 2021, or within 4 months after my initial appointment or have had it waived by the Chief
Judge of the Sixth Judicial Circuit, as required by § 744.331(3)(d), Florida Statutes. I understand
that I must complete two hours of continuing education during each 2-year period after the initial
training, as required by § 744.331(3)(d), Florida Statutes, during the term of the Agreement.

Date

Signature

STATE OF FLORIDA

COUNTY OF _____

The foregoing was sworn to or affirmed and signed before me on _____ day of _____ 20____.

NOTARY PUBLIC

My Commission Expires:

(Print, type or stamp commissioned name of Notary Public)

_____ Personally known

_____ Produced identification

Type of identification produced _____

**This completed Affidavit must be submitted ELECTRONICALLY to the
Office of Court Counsel at SixthCircuitContracts@jud6.org**

**If you do not have the ability to scan and email, please submit by U.S. Mail
to: Court Counsel's Office
Pinellas County Justice Center
14250 49th Street North, Suite J4601
Clearwater, FL 33762**