

IN THE CIRCUIT COURT OF  
THE NINTH JUDICIAL CIRCUIT,  
ORANGE COUNTY, FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF / REZON: TITÈL AK FONKSYON LIMITE POU

\_\_\_\_\_

CASE NO. / NO. DOSYE \_\_\_\_\_

**APPLICATION FOR APPOINTMENT AS STANDBY GUARDIAN ADVOCATE /  
APLIKASYON NOMINASYON KÒM TITÈL AK FONKSYON LIMITE SEKOU**  
(FOMB)

Pursuant to Section 393.12 of the Florida Guardian Advocate Law, the undersigned submits this Application for Appointment as Standby Guardian Advocate of \_\_\_\_\_, (the person with a developmental disability) and submits the following information (whenever the space provided is insufficient, attach additional pages) / Daprè Seksyon 393.12 nan Lwa Titè ak Fonksyon Limite Florida, moun ki siyen anba a soumèt Aplikasyon pou Nominasyon Kòm Titèl ak Fonksyon Limite Sekou \_\_\_\_\_, (moun ki gen andikap devlopmanal la) epi li soumèt enfòmasyon sa yo (nenpòt kote pa gen ase plas, kole plis paj):

1. Name/Non: \_\_\_\_\_
2. Age/Laj: \_\_\_\_\_
3. Residence Address/Adrès Kay: \_\_\_\_\_
4. Mailing Address/Adrès Postal: \_\_\_\_\_  
\_\_\_\_\_
5. U.S. Citizen/Sitwayen Ameriken? Yes/Wi \_\_\_\_\_, No/Non \_\_\_\_\_
6. Employer's Name and Address/Non ak Adrès Anplwayè an: \_\_\_\_\_  
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Applicant's Position/*Pozisyon Aplikan an:*

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7 Home Telephone Number/*Nimewo Telefòn Kay:*

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Work Telephone Number / *Nimewo Telefòn Travay:*

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8. If currently serving as guardian/guardian advocate for any other ward, list names of each ward, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the limited or plenary guardian or guardian advocate of the person or property or both / *Si kounye a ou se titè/titè ak fonksyon limite pou nenpòt lòt titèl, mete non chak titèl, nimewo dosye tribinal, tribinal jidisyè kote ka a an atant ak si aplikan an ap aji tankou titè oswa titè ak fonksyon limite oswa konplè pou moun oswa pwopriyete a oswa tou de:*

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9. Does applicant have any physical disabilities / *Eske aplikan an gen okenn andikap fizik? Yes /Wi\_\_\_\_\_ No/Non \_\_\_\_\_* If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian advocate / *Si se wi, tanpri dekri epi di si andikap sa a kapab afekte kapasite aplikan an, nan nenpòt fason, pou li sèvi kòm titè ak fonksyon limite:*

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10. Has applicant ever been treated for the following / *Eske yo janm trete aplikan an pou okenn nan bagay sa yo:*

- a. Mental Condition/*Kondisyon Mantal* Yes/Wi \_\_\_\_\_ No/Non \_\_\_\_\_
- b. Alcohol/*Alkòl* Yes/Wi \_\_\_\_\_ No/Non \_\_\_\_\_
- b. Drugs/*Dwòg* Yes/Wi \_\_\_\_\_ No/Non \_\_\_\_\_

b. Other/Lòt Yes/Wi \_\_\_\_\_ No/Non \_\_\_\_\_

Nature of condition and summary of treatment / *Nati kondisyon an ak rezime tretman an:*

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11. *Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes / Eske aplikan an janm detèmine nan tribinal li te abize oswa neglije yon timoun daprè definisyon Lwa Florida?*  
Yes /Wi \_\_\_\_\_ No / Non \_\_\_\_\_

12. *Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes / Eske aplikan an te janm enplike nan yon rapò konfime sou abi, neglijans, eksplwatasyon yo te konteste oswa kenbe daprè pwovizyon Seksyon 415.104 ak 415.1075, Lwa Florida?* Yes /Wi \_\_\_\_\_  
No / Non \_\_\_\_\_

13. *Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding / Eske yo te janm kondane aplikan an pou fwod, fo reprezantasyon oswa manti nan yon pwosè jidisyè oswa administratif?*  
Yes /Wi \_\_\_\_\_ No / Non \_\_\_\_\_

*If yes, please give date and complete details / Si se wi, tanpri bay detay yo:*

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14. *Has applicant ever been charged with, arrested for or convicted of a felony / Eske yo janm kondane aplikan an, oswa arete li pou yon gwo krim?*  
Yes /Wi \_\_\_\_\_ No / Non \_\_\_\_\_

If yes, please furnish details including date, type of offense, location and final disposition / *Si se wi, tanpri bay detay tankou dat, kalite ofans, kote a ak dispozisyon final la:*

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15. *Has applicant ever been charged with, arrested for or convicted of a felony / Eske yo janm kondane aplikan an, oswa arete li pou okenn lòt krim? Yes /Wi\_\_\_\_\_ No / Non\_\_\_\_\_*

If yes, please furnish details including date, type of offense, location and final disposition / *Si se wi, tanpri bay detay tankou dat, kalite ofans, kote a ak dispozisyon final la:*

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16. *Has applicant ever held a position which required bonding / Eske aplikan an janm gen yon pozisyon ki mande kosyon? Yes /Wi\_\_\_\_\_ No / Non \_\_\_\_\_*

If yes, please describe position, date, amount of bond and name of surety / *Si se wi, tanpri dekri pozisyon, dat, kantite kosyon an ak non konpayi ki te bay li a:*

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17. *Has applicant, in the past, ever served as guardian/guardian advocate of a person or of a person's property / Eske aplikan an te janm titè/titè ak fonksyon lime yon moun oswa pwopriyete yon moun avan? Yes /Wi\_\_\_\_\_ No / Non \_\_\_\_\_*

If yes, please describe below, including reason for termination of fiduciary position / *Si se wi tanpri dekri pi ba a epi bay rezon yo te anile pozisyon fidisyè sa a:*

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18. Has applicant ever been held in contempt of court or removed as a guardian/guardian advocate / *Eske yo te janm kenbe aplikan an nan tribinal oswa retire pozisyon li ak titè/titè ak fonksyon limite?* Yes /Wi\_\_\_\_\_ No / Non \_\_\_\_\_  
If yes, please describe below / *Si se wi, tanpri dekri pi ba a:*

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19. Has applicant ever filed for bankruptcy / *Eske aplikan an janm fè fayit?*  
Yes /Wi\_\_\_\_\_ No / Non \_\_\_\_\_  
If yes, please state date and location of court / *Si se wi, tanpri di dat ak kote Tribinal la ye:*

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20. What is applicant's relationship with the person with a developmental disability / *Kisa aplikan an ye pou moun ak andikap devlopmanal la?*

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21. Is applicant, or applicant's business, corporation, or other business entity a creditor of, or providing professional, personal or business services to the person with a developmental disability / *Eske aplikan an, oswa biznis, kòporasyon, oswa lòt biznis aplikan an, se yon kreditè, oswa bay okenn moun ak andikap devlopmanal sèvis pwofesyonèl, pèsonèl oswa biznis?* Yes /Wi\_\_\_\_ No / Non \_\_\_\_  
If yes, please furnish details below / *Si se wi, tanpri bay detay yo pi ba a:*

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22. Is applicant employed by a business, corporation, or other business entity which is providing professional, personal or business service to the person with a developmental disability / *Eske aplikan an, ap travay nan yon biznis, kòporasyon, oswa lòt biznis bay okenn moun ak andikap devlopmantral sèvis pwofesyonèl, pèsonèl oswa biznis? Yes /Wi\_\_\_\_\_ No / Non \_\_\_\_\_*

If yes, please furnish details below / *Si se wi, tanpri bay detay yo pi ba a:*

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23. Is applicant a health care provider for the person with a developmental disability / *Eske aplikan an se yon founisè swen sante pou moun ak andikap devlopmantral la? Yes /Wi\_\_\_\_\_ No / Non \_\_\_\_\_*

24. Educational history of applicant / *Kote aplikan an te ale lekòl:*

Name and Address/Non ak Adrès                      Degree /Diplòm                      Date/Dat

High school/*Lekòl segondè:*

College/*Inivèsite:*

Other/*Lòt:*

25. List applicant's employment experience for the past ten (10) years beginning with the most recent date / *Fè lis kote aplikan an te travay nan dis (10) dènye ane yo kòmanse ak sa ki pi resan an:*

Name and address/Non ak Adrès                      Date/Dat                      Reason for leaving/Rezon kite

26. Has applicant ever been discharged from employment by any employer listed above / *Eske okenn nan anplwayè sa yo te revoke aplikan an?*

Yes /Wi\_\_\_\_\_ No / Non \_\_\_\_\_

If yes, please explain / *Si se wi, tanpri eksplike:*

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27. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate / *Eske aplikan an gen okenn kalifikasyon edikasyon espesyal (finansye, biznis oswa lòt ki espesyalman pou nome kòm titè ak fonksyon limite? Yes*

/Wi\_\_\_\_\_ No / Non \_\_\_\_\_

If yes, please describe below / *Si se wi, tanpri dekri pi ba a:*

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28. Has applicant received instruction and training which covered the legal duties and responsibilities of guardian/guardian advocate, the rights of an incapacitated person or Ward, the availability of local resources to aid a Ward, and the preparation of habitual plans and annual guardian advocate reports, including financial accounting for the ward's property / *Eske aplikan an te resevwa enstriksyon ak fòmasyon ki kouvri tach ak responsab legal titè/titè ak fonksyon limite, dwa yon moun ki enkapab oswa ki sou Titèl, disponiblite resous lokal pou ede yon moun ki sou Titèl, ak preparasyon plan abityèl ak rapò anyèl titè ak fonksyon limite, ak rapò finansyè pou pwopriyete moun ki sou titèl la?*

Yes /Wi\_\_\_\_\_ No / Non \_\_\_\_\_

If so, indicate when and where training was received / *Si se wi, tanpri di ki lè ak ki kote li te resevwa fòmasyon an:*

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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. / *Mwen deklare sou pinisyon pou fo temwayaj, mwen te li dokiman sa a epi tout sa ki ladan se verite, daprè tout konesans ak kwayans mwen.*

Signed on /Siyen le \_\_\_\_\_, 20\_\_.

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Applicant / Aplikan