IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT, LAKE COUNTY, FLORIDA

<b>PROBATE</b>	<b>DIVISION</b>

	ARDIAN ADVOCACY OF
APPLIC	CATION FOR APPOINTMENT AS SUCCESSOR GUARDIAN ADVOCATE (FORM A1)
Purs	suant to Section 393.12, Florida Statutes, the undersigned submits this Application for
Appointmen	nt as Successor Guardian Advocate of,
(the person	with a developmental disability) and submits the following information (if the space
provided is	insufficient, attach additional pages):
1.	Name:
2.	Age:
3.	Residence Address:
4.	Mailing Address:
5.	U.S. Citizen? Yes, No
6.	Employer's Name and Address:
	Applicant's Position:
7	Home Telephone Number:
	Work Telephone Number:
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:

		such disal	bilities? Yes No If yes bility may affect applicant's ability	
— Has	applicant ever been tre	ated for the	e following:	
a.	Mental Condition	Yes	No	
b.	Alcohol	Yes	No	
c.	Drugs	Yes	No	
d.	Other	Yes	No	
		-	ermined to have committed abuse or aw? Yes No	neg
			of a confirmed report of abuse, neg	lec
		-	sted or upheld pursuant to the provi	
CAPI			la Statutes? Yes No	
_		harged wit	th fraud, misrepresentation or perju	ıry
Sect	applicant ever been c	_		
Sect Has		roceeding?	Yes No	
Sect Has judio				
Sect Has judio	cial or administrative pr			

	ant ever been charged with, arrested for or convicted of a felony?
	No se furnish details including date, type of offense, location and final
	ant ever been charged with, arrested for or convicted of any others No
If yes, pleas disposition:	se furnish details including date, type of offense, location and final
Has applica	ant ever held a position which required bonding? Yes No
If yes, pleas	se describe position, date, amount of bond and name of surety:
Has applica	ant, in the past, ever served as guardian/guardian advocate of a person
	on's property? Yes No
If yes, pleas	se describe below, including reason for termination of guardianship:
	ant ever been held in contempt of court or removed as a guardian.
If yes, pleas	se describe below:
Has applica	ant ever filed for bankruptcy? Yes No

	Trr	person with a devi	elopmental disability?
creditor with a c	icant, or applicant's business, of, or providing professional, p evelopmental disability? Yes	ersonal, or business	-
providi develop	cant employed by a business, connig professional, personal, or mental disability? Yes Notes the details below:	business service	-
	cant a health care provider for th No	e person with a dev	relopmental disability?
	onal history of applicant:	D	D. (
school:	Name and Address	<u>Degree</u>	<u>Date</u>

Name and address	Date	Reason for leaving
rame and address	<u>Date</u>	reason for reaving
	_	
	-	yment by any employer listed
above? Yes No	_	
If yes, please explain:		
		1:0 (0 11 1 1
	-	alifications (financial, business
,		to be appointed as guardian
advocate/ Vec No		
advocate? Yes No If yes, please describe below		
If yes, please describe below	V:	inh navonad tha langt land
If yes, please describe below  Has applicant received instr	v: ruction and training whi	ich covered the legal duties and

	preparation of habitual plans and annual guardian advocate reports, includin
	financial accounting for the ward's property? Yes No
	If so, indicate when and where training was received:
	er penalties of perjury, I declare that I have read the foregoing, and the facts alleged the best of my knowledge and belief.
Sign	ned on, 20
	Applicant