

LOIS B. LEPP, PA

GUARDIANSHIP INTAKE FORM  
Petitioner/Proposed Guardian

Name \_\_\_\_\_

Address - Residence

Address - Mailing (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_ U.S. Citizen? Yes  No

Marital Status \_\_\_\_\_ Name of Spouse, if married \_\_\_\_\_

Length of residence in county where guardianship will be filed: \_\_\_\_\_

Are you currently serving as guardian for any other ward(s)? Yes  No

If yes, please indicate name of ward(s), case number(s), and location(s):

\_\_\_\_\_

Do you have any physical disabilities? Yes  No

If yes, provide a brief description of the disabilities, and whether said disabilities will affect your ability to serve as guardian:

\_\_\_\_\_

Have you ever been treated for:

Mental Condition Yes  No  If yes, when and where: \_\_\_\_\_

Alcohol Yes  No  If yes, when and where: \_\_\_\_\_

Drugs Yes  No  If yes, when and where: \_\_\_\_\_

Other Yes  No  If yes, when and where: \_\_\_\_\_

Name of physician(s) or professional(s) involved: \_\_\_\_\_

Have you ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes  No

Have you ever been the subject of a confirmed report of abuse, neglect, or exploitation? Yes  No

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

Have you ever been charged with, arrested for, or convicted of a felony? Yes  No

Have you ever been charged with, arrested for or convicted of any other crimes? Yes  No

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

Have you, in the past, ever served as a guardian of a person or a person's property? Yes  No

Have you ever been held in contempt of court or removed as guardian? Yes  No

Have you ever filed for bankruptcy? Yes  No

If yes, please state date and location of court: \_\_\_\_\_

What is your relationship to the alleged incapacitated person? \_\_\_\_\_

Are you, or your business, corporation, or other business entity a creditor of, or providing professional, personal, or business services to the alleged incapacitated person? Yes  No

Are you employed by a business, corporation or other business entity which is providing professional, personal or business services to the alleged incapacitated person? Yes  No

Are you a health care provider for the alleged incapacitated person? Yes  No

### **Educational History**

*High School* Name \_\_\_\_\_

Location (City/State) \_\_\_\_\_

Date of graduation (year): \_\_\_\_\_

If you did not graduate, please indicate dates attended: \_\_\_\_\_

*College* Name \_\_\_\_\_

Location (City/State) \_\_\_\_\_

Degree: \_\_\_\_\_ Date earned (year): \_\_\_\_\_

*Post Graduate* Name \_\_\_\_\_

Location (City/State) \_\_\_\_\_

Degree: \_\_\_\_\_ Date earned (year): \_\_\_\_\_



Have you ever been a member of the U.S. armed forces? Yes  No

If yes, please indicate branch, dates of service, and military i.d. number:

\_\_\_\_\_

**Personal References**

Please provide the names of 3 personal references who have known you for 5 years or more. Please do not include relatives or spouse.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Do you have any special qualifications that uniquely qualify you as guardian? (i.e. accounting/bookkeeping experience, nursing care training experience, geriatric care experience, training in elder problems/diseases) Yes  No

If yes, please explain: \_\_\_\_\_

Have you previously completed any guardian education/training, such as the Pensacola State College 8-hour guardian class? Yes  No

If yes, please provide details: \_\_\_\_\_

Who may we thank for referring you to us? \_\_\_\_\_