

**PROFESSIONAL GUARDIANSHIP CHECKLIST - ADDITIONAL APPOINTMENTS  
DURING CALENDAR YEAR \_\_\_\_\_**

This form must be submitted with each additional case the professional guardian seeks appointment as the guardian during the calendar year stated above.

Please make sure to "x" or "check" the appropriate boxes.

Guardianship of \_\_\_\_\_  
Case # \_\_\_\_\_ Judge \_\_\_\_\_  
Name of Guardian Applicant \_\_\_\_\_  
Address of Applicant \_\_\_\_\_  
Street Address City State Zip

- |   |  |              |        |
|---|--|--------------|--------|
| 1 | Professional Guardian Checklist  |              |        |
| 2 | Copy of the Court Monitor's Approval for Year  | ( ) Attached |        |
| 3 | Check payable to Clerk of Court for \$7.50<br>(Professional Guardian Processing Fee) | ( ) Attached |        |
| 4 | Registered with SPGO<br>(Statewide Public Guardianship Office)                       | ( ) Yes      | ( ) No |
| 5 | Blanket Bond<br>(A copy of the blanket bond must be attached)                        | ( ) Yes      | ( ) No |

**I hereby give my consent for a background check in accordance with Florida Statutes Chapter 744 to include, but may not be limited to, a check of credit, FDLE, FBI, employment, and Department of Children & Families background.**

**Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.**

\_\_\_\_\_  
Guardian Signature  
(Effective July 1, 2006)

\_\_\_\_\_  
Date