

Guardianship Data Element Requirements

Account Number
Accounting Review with Ward
Acting as a member of a partnership
Additional interested person name
Additional reasons
Address of additional interested persons
Address at which report was served
Address of all persons known to the petitioner who have knowledge of such facts through personal observation
Address of alleged incapacitated persons attending or family physician, if known
Address of Interested Person
Address of Person Served
Address of Ward during previous year
Address where ward will reside in upcoming year
Admissions to Florida State Hospital or any other, public treatment facility on a voluntary basis under the provision of applicable state law
Adversary Proceeding No
Affiant Address
Affiant Name
Affiant Residence
Affiant Signature
Age of alleged incapacitated person
Age of Alleged incapacitated person/Ward
Age of incapacitated person
Age of non-resident ward
Age of petitioner
Age of Proposed Guardian
Age of ward
Agent Name
AIP/Ward Address
AIP/Ward attending or family physician
AIP/Ward Name
Alleged incapacity
Amount held in depository
Amount held in institution
Amount of any Florida Debt
Amount requested
Amount to be paid to each member by the State of Florida
Amount to be paid to the court appointed attorney
Appointed Guardian Name
Appraiser Address
Appraiser Name
Appraiser Occupation
Appraiser Signature

Guardianship Data Element Requirements

Assessment of prior clinical history, treatment records, social records, and reports, if any
Assessment of information provided by attending or family physician, if any
Assets on Hand at close of accounting Period - Income
Assets on Hand at close of Accounting Period - Principal
Assets on Hand at close of Accounting Period - Totals
Attorney Address Block
Attorney Name
Attorney signature
Attorney signature block
Best residential setting
Birth Certificate
Bond Amount
Capable of being restored at this time?
Capital Transactions - Principal
Capital Transactions - Totals
Case number
Case Number of Prior Guardianship
Cash In Box
Causes of Action
Certificate of Service on Guardian of the Person
Certificate of Service on Guardian of the Property
Charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding
Charged with, arrested for or convicted any other crimes
Charged with, arrested for or convicted of a felony
Check box Suggestion of capacity A petition for extraordinary authority, S. 744.3725
Circuit Judge
Circuit Name
Claims
Collectibles
College Degree
College Name
Committee Member
Committee Member Address
Committee Member Name
Completed guardian instructional training?
Condition of Bond
consent to or refusal of medical or other professional care, counseling, treatment or service
Consultation with Family Physician

Guardianship Data Element Requirements

Control or management of real or personal property or income from any source

Copies Furnished to

Corporate title of affiant

Corporation Address

Corporation Name

Corporation place of business

Cost Request

County

County of residence of designated agent

County Residence of incapacitated person

County where oath taken

Court Appointed Attorney Address

Court Appointed Attorney Name

Court for Prior Guardianship

Court Monitor Name

Date and time examination

Date Approved

Date completed instructional training

Date Conducted Inventory

Date fees are to paid to the Clerk

Date Judge signed Notice

Date of Appointment

Date of Birth of AIP

Date of Bond

Date of clerk report

Date of Court Order

Date of Death

Date of Examination

Date of felony

Date of hearing

Date of incapacity adjudication

Date of Matriculation

Date of other crime

Date of Report

Date Order Appointing Foreign Guardian was entered

Date Order Appointing the Committee is signed by the Judge

Date Order is signed by agent of state of Florida

Date Ordered

Date Petition to Determine Incapacity is Dismissed

Date report filed

Date Served

Date signed

Date suggestion of capacity filed

Date Suggestion signed by Petitioner

Guardianship Data Element Requirements

Date sworn
Date to commence payment
Days to file
Decedent Name
Decisions concerning education
Decisions concerning travel or where to live
Deeds
Delegated rights
Depository Name
Deputy Clerk Name
Deputy Clerk Name who served order
Description of amounts requested
Description of area of focus
Description of Assets
Description of Classes
Description of concerns
Description of expenses
Description of health and accident insurance and any other private or governmental benefits to which the ward may be entitled
Description of health insurance benefits
Description of how well the Ward communicates and maintains interpersonal relationships
Description of medical treatment during preceding year
Description of monetary request
Description of Petitioner's basis for petition
Description of property petitioner desires to manage
Description of ward capacity to live independently
Description or address of property
Designated agent address
Designated Agent County of Residence
Designated Agent Name
Details of bond
Details of course
Details of felony
Details of other crime
Details of prior service as guardian
Determined to have committed abuse, abandonment or neglect against a child as defined by FS
Diagnosis (short summary)
Disbursements - Income
Disbursements - Principal
Disbursements - Total
Discharged from any listed employers?
Distribution Request
DOB of Alleged incapacitated person/Ward

Guardianship Data Element Requirements

DOB of minor ward
DOB of Next of Kin
DOB of non-resident ward
DOB Of Petitioner
DOB of ward
Does/Does Not continue to need assistance of a guardian
Elisor Address
Elisor Name
Elisor Signature
Employed by corporation or entity which is providing business services to the incapacitated person
Employee of financial institution name
Employer Address
Employer for Proposed Guardian Address
Employer for Proposed Guardian Name
Employer Name
End Date of Employment
Evaluation of ward condition
Ever held position requiring bonding
Ever filed bankruptcy
Ever served as guardian of a person or of a person's property
Examining Committee Member Name
Examining Committee Members knowledge of incapacity
Execution of a will or waiving the provisions of an existing will
Factual basis for incapacity
Fair Market Value
Family Physician's name
Fee Period
Fee Request
Final Disposition
Financial Institution name
Findings of Court
Florida Bar Number
Florida Creditor Address
Florida Creditor Name
Functional Assessment
Governor Name
Grade of Ward
Guardian being removed Name
Guardian Name
Guardian of Person Name
Guardian of Property Name
Guardian Signature
Guardianship Extent
Guardianship Extent Recommended

Guardianship Data Element Requirements

Guardianship Type
Guardianship Type of prior guardianship
Guardianship Type requested
Health Care Surrogate Document
Held in Contempt or Removed as guardian?
High School Degree
Hours billed
Incapacitated Person Address
Incapacitated Person Name
Incapacity to exercise
Income
Information the report fails to provide
Initiation, defense or settlement of lawsuits
Institution Address
Institution Name
Interested Person Address
Interested Person Age
Interested Person Name
Interested Person Signature
Is a creditor or providing professional, personal or business services to the applicant
Is it necessary that a limited guardian of the property be appointed for the Ward?
Is resident agent a member of The Florida Bar
Is the limited guardian of the property of the Ward a professional guardian?
Jewelry
Job Position
Judge Name
Judge Signature
Judges name
Judicial Assignment
Judicial Division
List of assets received
List of specific evidence of the person's incapacity to exercise informed decisions in the categories previously checked
Living Will
Location of assets
Location of offense
Make informed decisions affecting the social environment or other social aspects of his/her life
Make informed decisions determining his/her residence
Make informed decisions regarding his/her right to sue, or assist in the defense of suites of any nature against him or her

Guardianship Data Element Requirements

Make informed decisions regarding his/her right to consent to medical and mental health treatment
Make informed decisions regarding his/her right to contract
Make informed decisions regarding his/her right to have a driver's license or operate a motor vehicle
Make informed decisions regarding his/her right to manage property or to make any gift or disposition of property
Make informed decisions regarding his/her right to marry
Make informed decisions regarding his/her right to personally apply for government benefits
Make informed decisions regarding his/her right to seek or retain employment
make informed decisions regarding his/her right to travel
Make informed decisions regarding his/her right to vote
Making contracts
Making gifts
Management of a business
Marriage License
Master's Findings and Recommended Order on Petition to Determine Capacity and Petition for Appointment of Guardian
Master's Findings and Recommended Order on Suggestion of Capacity
Matriculation Date
Medical, mental or personal care services to be provided for the welfare of the ward
Mental health Examination
Minor Name
Minor Ward Address
Minor Ward Name
Minor Ward Residence Address
Monthly Amount of expenses
Name and address of extended care facility
Name of all persons known to the petitioner who have knowledge of such facts through personal observation
Name of Appointing Court
Name of court appointed elisor
Name of next of Kin
Name of other education
Name of person present during the examination
Name of Person Served
Nature and scope of incapacity
Nature of Assets (held by Petitioner)
Nature of incapacity
Nature of property subject to guardianship
Nature of the Ward's property
Nature of ward's incapacity

Guardianship Data Element Requirements
Net Value of Real Estate
Next of kin address
Non-resident Ward Address
Non-resident Ward Name
Non-resident Ward Residence Address
Non-standard coin and Currency other than US
Notary Public Signature
Number of days to file required document
Order of Court
Ordered Costs
Ordered Fee
Other (list)
Other education degree
Other fails to provide
Other Information report fails to provide
Other Personal Property
Other Property
Other Report fails to provide
Parent(s) Address
Parent(s) Name
Passport
Payment or collection of debts
Permitting access to, refusal of access to or consent to release confidential records and papers
Person petitioner requests notice be given to address
Person Served Address
Person Served Name
Personal Property
Personal Representative Name
Personal Representative Signature
Personally known
Persons whom petitioner requests notice be given to
Petition Granted or Denied
Petitioner Address
Petitioner cannot pay audit fees because
Petitioner Name
Petitioner Name Attorney
Petitioner post office address
Petitioner relationship to alleged incapacitated person
Petitioner Request to Court
Petitioner Residence
Petitioner Residence Address
Petitioner Signature
Petitioner Signature Block

Guardianship Data Element Requirements

Petitioner states what alleged incapacitated person is incapable of performing

Petitioner Status

Phone number of court appointed attorney

Physical and mental examinations necessary to determine the ward medical and mental health treatment needs

Physical Disabilities of proposed guardian

Physical Examination

Physician Address

Physician Name

Physician Signature

Place of hearing

Possession

Powers and duties of ETG

Primary language

Principal Name

Principal Signature

Professional/Non Professional

Prognosis (short summary)

Property Description

Property of ward to be placed in restricted depository

Proposed Distribution

Proposed Emergency Temporary Guardian

Proposed guardian a health care provider for the Ward?

Proposed Guardian Address

Proposed Guardian High School Name

Proposed Guardian Name

Proposed Guardian Residence Address

Proposed Guardian Signature

Provision of Medical Services

Provision of Mental Health Services

Provision of personal care services

Provision of rehabilitation services

Provision of social/recreational services

Purpose of Examination

Real Estate

Reason for Discharge

Reason for exemption

Reason for Leaving

Reason for Termination

Reason proposed emergency temporary guardian should be appointed

Reason why proposed guardian should be appointed

Reasons guardian should be discharged

Reasons why guardian is being removed

Receipts - Income

Guardianship Data Element Requirements

Receipts - Principal
Receipts - Total
Recommended course of treatment
Regular Checkup
Relationship
Relationship of next of Kin
Relationship of proposed guardian to minor
Relationship of proposed guardian to Ward
Report fails to provide
Reporting End Date
Reporting Period
Reporting Start Date
Representative Name
Representative Signature
Residence Best Suited for Ward
Residence of AIP
Respondent Name
Restrictions to Letters of Guardianship
Rights the Ward is currently capable of exercising which were removed
Rights the Ward is incapable of exercising
Rights to be delegated
Rights to be restored to the ward
Safe Deposit Box Number
Schedule A - Receipts
Schedule B - Disbursements
Schedule C - Capital Transactions and Adjustments
Schedule D - Assets other than cash on hand at close of accounting period
Schedule D - Cash Assets on Hand at Close of Accounting Period
School Address
School Name
Service Type
Signature of Committee Member
Signature of employee of financial institution
Social and personal services currently utilized by ward
Social Security Card
Special Educational Qualifications
Special Educational Qualifications Description
Start Date of Employment
Starting Balance - Income
Starting Balance - Principal
Starting Balance - Total
State of Appointing Court
Statement describing payments
Statement describing petitioner dependence on ward

Guardianship Data Element Requirements

Statement describing petitioner specific needs
Statement of entitlement to appointment
Statement of areas AIP retains capacity
Statement of areas in which the ward lacks capacity
Statement of Distribution
Statement of Distribution of depository assets
Statement of Distribution of remaining assets
Statement of how dependent
Statement of Interest
Statement of Needs
Statement of Petitioner's knowledge of AIP incapacity
Statement of property order authorizes Foreign Guardian to manage
Statement of relationship
Statement of Social Activities
Statement of Venue
Stocks/Bonds/Securities
Subject of abuse/neglect/exploitation charge
Successor Guardian Address
Successor Guardian Name
Successor Guardian Status
Summary of Ward school progress report
Surety Name
Surety Signature
Telephone number of court appointed attorney
The costs of the proceeding being assessed to the petitioner
Time of hearing
Title/Name of Action
Total amount of fees to be paid to the Examining Committee
Total amount of payment
Total amount of the court appointed attorney fees
Total Amount Ordered
Total Assets
Total Estimated Net Value of All property
Total Prior Costs
Total Prior Fees
Total sum of the costs
Total Value of Encumbrances/Liens/Security Interests
Total Value of Personal Property
Total Value of Real Estate
Treatment for
Treatment for Alcohol?
Treatment for Drugs?
Treatment for Mental Condition?
Treatment for Other?
Trust Documents

Guardianship Data Element Requirements
Type of address
Type of Guardian
Type of ID if not personally known
Type of Offense
US Citizenship Status of Proposed Guardian
Value of property petitioner desires to manage
Value of property subject to guardianship
Ward Address
Ward Name
Ward Name of Prior Guardianship
Ward Residence Address
Ward Signature
Will
Will date
Wishes of the ward
Witness Name
Work Telephone
Year End Balance