

**PRIVATE FIDUCIARY SERVICES**  
**REFERRAL FOR GUARDIANSHIP**

**REFERRAL: PERSONAL INFORMATION**

Name: \_\_\_\_\_

Current Address (include facility): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Current Diagnosis: (List all): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERRING SOURCE: CONTACT INFORMATION**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ pager \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**LEGAL**

\_\_\_\_\_

\_\_\_ Previously adjudicated incapacitated (if so, attach copy of legal papers including medical assessments leading to adjudication, or specify county where legal papers are filed)

Current Guardian, if any: \_\_\_\_\_

\_\_\_\_\_ Year established: \_\_\_\_\_

\_\_\_ Petition has or will be filed to adjudicate individual incapacitated

\_\_\_ Is there a Power of Attorney, Durable Power of Attorney, Health Care Surrogate or Proxy, Medical Proxy or other guardianship alternative in place? If so please circle or list.

\_\_\_\_\_

Person Referred Needs:

Guardian of Property \_\_\_\_\_ If yes explain why

\_\_\_\_\_

\_\_\_\_\_

Guardian of the Person \_\_\_\_\_

If yes, explain why

Have you told the client in terms that are understandable to him or her that you have initiated a referral for guardianship? \_\_\_\_\_

**SOCIAL**

Relatives and friends: (Information is required by the court)

Name/Address	Relationship	Willing To be Guardian?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summary of contact with family over period you have been involved: \_\_\_\_\_

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

List the name, address and phone number of persons who have personal knowledge of this person's disabilities and need for guardianship:

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



**Other Assets**

**Real Estate** \_\_\_\_\_ **Property Value**

\_\_\_\_\_ **Property Value**

\_\_\_\_\_ **Property Value**

**Personal Property** \_\_\_\_\_ **Property Value**

\_\_\_\_\_ **Property Value**

\_\_\_\_\_ **Property Value**

**Trusts where is a Named Beneficiary** \_\_\_\_\_

**Trustee Contact Information** \_\_\_\_\_

**Automobiles** \_\_\_\_\_ **Value** \_\_\_\_\_

\_\_\_\_\_ **Value** \_\_\_\_\_

**Insurance Policies** \_\_\_\_\_ **Value** \_\_\_\_\_

\_\_\_\_\_ **Value** \_\_\_\_\_

**Safe Deposit Box** \_\_\_\_\_ **Location** \_\_\_\_\_

\_\_\_\_\_

**Other** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSESSMENT**

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Describe client's problems which lead you to believe the client cannot manage or make decisions concerning his or her person and/or property (Do not simply state diagnosis, describe in specific functional terms):

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Are there special problems this person has that will require immediate action or attention, including, immediate medical needs, financial management? (Specify):

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Will this individual require placement? (Specify needs and suggested or arranged placement.)

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What specific action, both short and long term, should be taken on this client's behalf?

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\*This document will be filed with the court petition. Information contained in this document is true, accurate and correct. The referring person may be asked to testify.

\_\_\_\_\_  
Signature of Referring Person\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

With this completed application, please submit a copy of the most recent treatment or habilitation plan, medical, psychiatric, psychological and psychosocial assessments and return to Private Fiduciary Services, 1425 East Piedmont Drive, Suite 201-B, Tallahassee, FL 32308.

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For office use only:

Disability, check all that apply

X Mental Illness

- Developmental Disability
- Elderly
- Other \_\_\_\_\_

X  Accepted       Not accepted

Activity within 5 days       No activity within 5 days

Appointment date \_\_\_\_\_

- Qualified friend or relative found to serve as guardian
  - petition filed