



**FIFTH JUDICIAL CIRCUIT**  
**COURT APPOINTED GUARDIANSHIP EXAMINING COMMITTEE MEMBER**  
**APPLICATION**

**(for Indigent Wards Only )**

In accordance with Florida law and Administrative Order A-2008-41-B the Chief Judge of the Fifth Circuit is compiling a registry of Guardianship Examining Committee experts that agree to be compensated pursuant to the terms and fees established therein. Any expert who wishes to be retained for services and paid by the Office of the State Courts Administrator must be on this registry.

Please complete this application **in its entirety**. Incomplete applications will be returned to the applicant for completion. Please print legibly in blue or black ink or type. Fax or mail completed form to:

Stephanie Jennings  
Office of the General Counsel  
Hernando County Courthouse  
20 N. Main Street, Room #200  
Brooksville, FL 34601  
(352) 754-4049 fax

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

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

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Licensing: \_\_\_\_\_

**Minimum Professional Requirements:** (Please initial confirming each requirement)

\_\_\_ I have received and reviewed Administrative Order A-2008-41-B Re: Second Amended Expert Fees Guidelines and agree to the amounts of compensation set forth therein.

\_\_\_ **I understand that the Office of the State Court Administrator will compensate me for my work on the Guardianship Examining Committee only.**

\_\_\_ I will notify the Chief Judge of any formal complaint filed with my professional licensing agency against me for any reason.

\_\_\_ I understand that I am not an approved Guardianship Examining Committee Registry Expert until my application has been approved by the Chief Judge.

**County Where Applicant Requests Court Appointments:**

(Please check all that apply)

- \_\_\_ Citrus County
- \_\_\_ Hernando County
- \_\_\_ Lake County
- \_\_\_ Marion County
- \_\_\_ Sumter County

**GUARDIANSHIP COMMITTEES: (selecting this option indicates you are willing and qualified to serve on the Guardianship Examining Committee should a vacancy become available):**

\_\_\_ **GUARDIANSHIP EXAMINING COMMITTEE 744.331(3) Florida Statutes:**

I am qualified to serve on a Guardianship Committee in accordance with Chapter 744 as a:

\_\_\_\_\_ psychiatrist or other physician.

\_\_\_\_\_ a psychologist, gerontologist, a registered nurse, nurse practitioner, licensed social worker, a person with an advanced degree in gerontology from an accredited institution of higher education,

or

\_\_\_\_\_ I possess the required knowledge, skill, experience, training, or education may, in the court's discretion, advise the court in the form of an expert opinion. (Please describe your qualifying "knowledge, skill, experience, training or education":

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

\_\_\_ **I hereby certify that I am compliant with the initial required training (four hours) in accordance with Florida Statute 744.331(d).**

\_\_\_ **I hereby certify that I am compliant with the Continuing Education requirements (two hours) of Florida Statute 744.331(d).**

\_\_\_ **GUARDIANSHIP EXAMINING COMMITTEE: 393.11(5) Florida Statutes:**

I am qualified to serve on a Guardianship Examining Committee in accordance with Chapter 393 as a:

\_\_\_\_\_ licensed physician.

\_\_\_\_\_ a licensed psychologist

or

\_\_\_\_\_ I possess the required Master's degree in social work, special education or vocational rehabilitation counseling. (Please specify):

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

**CERTIFICATIONS** (Please initial)

\_\_\_\_\_ I hereby certify that I will accept as full payment the flat fees prescribed in Administrative Order A-2008-41-B, Re: Expert Fees Guidelines.

**CERTIFICATION**

I hereby certify that to the best of my knowledge and belief, all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I understand that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for consideration and, if I am accepted to the registry, may be grounds for refusal of appointment or dismissal at a later date. I understand that if appointed, I am required to comply with the continuing educational requirements as set forth in Florida Statute 744.331 (if applicable) and applicable policies and procedures established by the Fifth Judicial Circuit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Approved on \_\_\_\_\_, 201\_\_\_\_:

\_\_\_\_\_

Don F. Briggs, Chief Judge, Fifth Circuit

Approved as to legal sufficiency:

\_\_\_\_\_  
Grace A. Fagan, General Counsel

\_\_\_\_\_  
Date