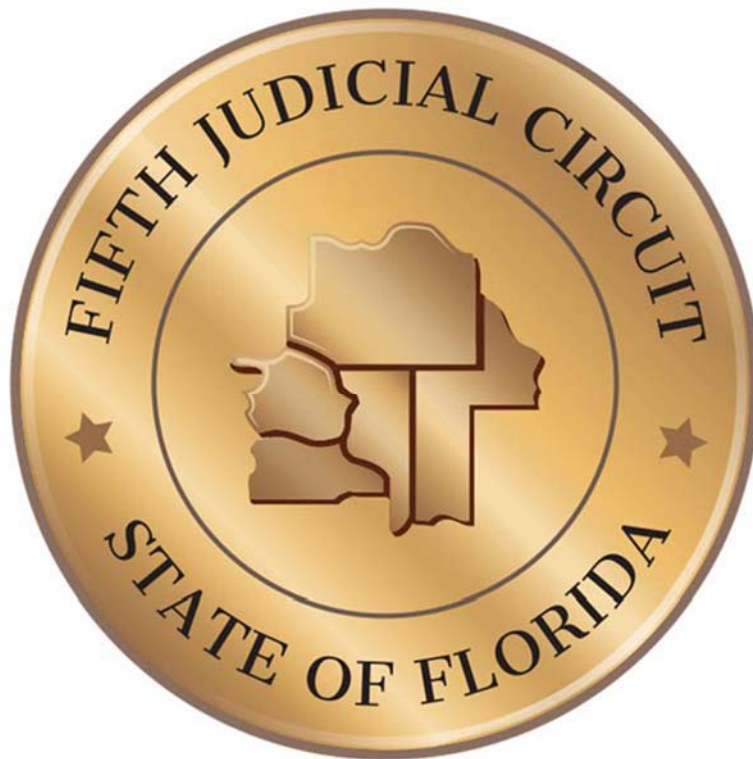


**FIFTH JUDICIAL CIRCUIT
APPLICATION
COURT APPOINTED GUARDIANSHIP EXAMINING
COMMITTEE MEMBER**

&

**COURT APPOINTED DEVELOPMENTAL DISABILITY
EXAMINING COMMITTEE MEMBER**



In accordance with Florida law and Administrative Order A-2017-23 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, email, or mail completed form to:

Administrative Office of the Courts
Due Process Services
Lake County Courthouse
550 West Main Street
Suite 5-700
Tavares, FL 32778

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____
(Home) (Work) (Cellular)

EMAIL ADDRESS _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATES:

TYPE _____ NUMBER _____

DATE OBTAINED _____ RENEWAL DATE _____

IF ONE IS PENDING:

TYPE _____ DATE TO BE RECEIVED _____

COUNTY WHERE APPLICANT REQUESTS COURT APPOINTMENTS:

(PLEASE CHECK ALL THAT APPLY)

_____ CITRUS COUNTY

_____ LAKE COUNTY

_____ HERNANDO COUNTY

_____ MARION COUNTY

_____ SUMTER COUNTY

MINIMUM PROFESSIONAL REQUIREMENTS:

(PLEASE INITIAL CONFIRMING EACH REQUIREMENT)

_____ I HAVE RECEIVED AND REVIEWED ADMINISTRATIVE ORDER A-2017-23 RE: 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 AGAINST ME WITH MY PROFESSIONAL LICENSING AGENCY.

_____ I UNDERSTAND THAT I AM NOT AN APPROVED GUARDIANSHIP EXAMINING COMMITTEE REGISTRY EXPERT UNTIL MY APPLICATION HAS BEEN APPROVED BY THE CHIEF JUDGE.

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).**

Please provide certificate of completion for the four hour required training or provide the date you began doing evaluations and the number of years' experience you have as a guardianship examining committee member.

_____ I HEREBY CERTIFY THAT I AM COMPLIANT WITH THE CONTINUING EDUCATION REQUIREMENTS (TWO HOURS) OF FLORIDA STATUTES § 744.331(D)

_____ **DEVELOPMENTAL DISABILITIES EXAMINING COMMITTEE:**

(FLORIDA STATUTES § 393.11(5))

I AM QUALIFIED TO SERVE ON A DEVELOPMENTAL DISABILITIES EXAMINING COMMITTEE IN ACCORDANCE WITH CHAPTER 393 AS A:

(CHECK ONE)

_____ 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-2017-23, 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 393.11 (if applicable) applicable policies and procedures established by the Fifth Judicial Circuit.

Approved on , 202 __:

DANIEL B. MERRITT, JR., CHIEF JUDGE

SIGNATURE OF APPLICANT DATE

Approved as to legal sufficiency:

JEFFERY K. FULLER, GENERAL COUNSEL DATE