

# Guardian Probate Bond Request Form

Vermost & Associates, LLC

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**Type of bond:** Guardian  
**Amount:** \$ \_\_\_\_\_ **County:** \_\_\_\_\_ **File #:** \_\_\_\_\_  
**Legal Name of Ward:**      **Minor**      **Incapacitated:** \_\_\_\_\_  
\_\_\_\_\_ **Ward Date of Birth:** \_\_\_\_\_

**Name of Guardian:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Social Sec. #** \_\_\_\_\_

**Name of Co-Guardian:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Social Sec. #** \_\_\_\_\_

**Guardian's relationship to the wards or minors:** \_\_\_\_\_

Will Guardianship funds be used for support of minors?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
Will any business of wards be continued by Fiduciary?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO
Is Guardian indebted to ward?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will joint control be exercised?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does applicant replace a prior Fiduciary?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this an additional bond?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does this bond replace a prior bond?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this bond required on the demand of an interested person? (if YES, whom: _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will a Supplemental Needs Trust be created?	<input type="checkbox"/> YES***	<input type="checkbox"/> NO
Has the ward(s) executed a Last Will & Testament?	<input type="checkbox"/> YES****	<input type="checkbox"/> NO

\*Attach a copy of Court Order authorizing monthly expenditures      \*\*Attach copy of Court Order

\*\*\*Attach a copy of the Trust, if executed      \*\*\*\*Attach a copy if bond exceeds \$1 Million

**Attorney Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Requestor Name:** \_\_\_\_\_

**Additional Info:** \_\_\_\_\_

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**With email, send ALL documents to Bonds@Vermost.com**

**Please attach any requested items above to your email or fax only as necessary.**