



Advocates & Guardians for the Elderly & Disabled, Inc.

Phone: 407-682-4111 Fax: 407-682-5511

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**AGED Guardian Benevolent Fund**

**Disbursement Form**

**PLEASE MAKE COPIES AS NEEDED**

INVOICES FROM GUARDIAN AND OR ATTORNEY MUST ACCOMPANY THIS FORM ♦ GUARDIAN MUST AUTHORIZE ALL DISBURSEMENTS ♦ CONSULT WITH YOUR ATTORNEY RE: 744.367 (3)(a), 744.108 and rule 58M-2.009 22(a)

Ward Last name:	Ward First name:	Date:
Guardian's Name:	Guardian's Email	
County of Venue: (REQUIRED)		Zone

**♦ NO PAYMENTS WILL BE MADE AFTER NOTIFICATION OF DEATH OF WARD ♦**

<b>Guardian Payment Information</b> \$50/HOUR FOR UP TO 10 HOURS FOR GUARDIANS IN ANY CALENDAR MONTH		
Payee Name:	<b>Bill Amount:</b>	
Address:	City/State/Zip Code:	
Phone:	Months requested:	
<b>Attorney Payment Information</b> \$100/HOUR FOR UP TO 12 HOURS FOR ATTORNEYS IN ANY CALENDAR YEAR		
Payee Name:	<b>Bill Amount:</b>	
Address:	City/State/Zip Code:	
Phone:	Months requested:	
I declare that I have read the foregoing and the facts stated are true and correct to the best of my knowledge and belief.	Other Requests / Information:	
Guardian's Signature:	Print Name:	Date:

AGED Trust requires that all Guardians notify AGED Trust of any of the changes below within 10 days of occurrence.

- Ward passes away.
- Ward has rights restored.
- Change of guardian/attorney
- Guardianship venue is transferred (by court order)
- Ward's assets exceed \$10,000.
- Ward receives funds such as:
  - Personal injury settlement or Inheritance
  - Retroactive government benefits like VA, SS, Pension
  - Sale of assets i.e. personal property, home