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AGED Guardian Benevolent Fund Disbursement Form

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 FOR SERVICES RENDERED AFTER DATE OF DISCHARGE

Additional Information About the Ward:

- Did this case originate from, or was petitioned by, a hospital or facility? YES NO
If yes: Call AGED for discussion about payment. Restrictions may apply.
- Has the Ward passed away? YES NO
- Has the Ward had their rights restored? YES NO
- Has there been a change of Guardian or Attorney for this Ward? YES NO
- Has the Guardianship Venue been transferred? YES NO | **NEW VENUE:** _____
- Has the Ward received funds such as a settlement or inheritance, retroactive gov't benefits (VA, SSA), or from selling assets (personal property, home)? YES NO
- Do the Ward's assets exceed \$10,000? YES NO

Guardian Payment Information - \$50/hour for up to 10 hours in any calendar month

Payee Name:	Total Hours:
Address:	Months requested:
Phone:	City/State/Zip Code:

Attorney Payment Information - \$100/hour for up to 12 hours in any calendar year

Payee Name:	Total Hours:
Address:	Months requested:
Phone:	City/State/Zip Code:

Other Requests / Information:

I declare that I have read the foregoing and the facts stated are true and correct to the best of my knowledge and belief.

Guardian's Signature:

Print Name:	Date:
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