

**APPLICATION FOR APPOINTMENT AS GUARDIAN**

* NEW APPOINTMENT ☐ CHANGE OF GUARDIAN ☐ REMOVAL OF GUARDIAN
	+ Pensioner ☐ Beneficiary

|  |
| --- |
| **INFORMATION OF PENSIONER OR BENEFICIARY** |
| Last Name | Last Name | Name | Initial | Social Security Number - -  |
| Date of Birth / / Day Month YearAge: | Primary Telephone Number Alternate Telephone Number | Street Address |
| Marital Status:  | Does pensioner or beneficiary have children?* Yes ☐No How many?

(If yes, complete information on the back) | If you receive benefits, please provide the name and Social Security # (full) of the deceased: |
| Briefly describe the reasons for your application:  |
| **INFORMATION OF THE PROPOSED GUARDIAN**  |
| Full Name of Applicant  | * Care Home ☐Private Person
* Other:
 |
| Date of Birth / / Day Month Year | Mailing Address | Street Address |
| Marital Status | Occupation Place of employment  | Relationship with pensioner or beneficiary: |
| Social Security Number - -  | Telephone Number | Email address |
| Have you been designated guardian of the pensioner or beneficiary by the Social Security Administration, the SIFC, ACAA, guardian appointed by a will or by a Competent Court in or outside of Puerto Rico? ☐Yes ☐NoAgency or Court: Date of appointment: / / Day Month Year | In addition to the applicant, are there any other persons interested in serving as guardian:* Spouse ☐Parent
* Child ☐Sibling ☐Grandparent
* Other:
 |
| **PLEASE CHECK, AS APPROPRIATE*** Have you been convicted of an offense?
* Have you filed for bankruptcy or declared bankrupt?
* Have you been denied guardianship or removed as guardian by an administrative agency or by the Court?
* Do you have a conflict of interests with the pensioner or beneficiary, have filed or had filed a claim or cause of action on his or her marital status or ownership of property or owe a considerable sum of money to him or her? (Act No. 121-2019, or others)
* Have your parental rights been terminated or suspended by a Court Order?
* Have you ever filed a frivolous or unfounded complaint, whether civil or criminal, against the pensioner/beneficiary, his or her ascendants or collaterals?
 | * Yes
* Yes
* Yes
* Yes
* Yes
* Yes
 | * No
* No
* No
* No
* No
* No
 |
| I affirm and declare, under penalty of perjury, that the foregoing information is true and correct. I understand that by serving as guardian before the Retirement Board, I must comply with all duties and responsibilities prescribed by law and regulations. / / Applicant’s signature Day Month Year |

235 Avenida Arterial Hostos · Edificio Capital Center · Torre Norte, Hato Rey PO Box 42003 San Juan, PR 00940-2203 ·

Tel: (787) 777-1414 · [www.retiro.pr.gov](http://www.retiro.pr.gov/)

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**INFORMATION OF FAMILY MEMBERS**

**OF PENSIONER OR BENEFICIARY**

**Please answer the following question:**

Are the following family members of the pensioner or beneficiary alive?

**A. SPOUSE / PARTNER ☐ YES ☐ NO ☐ N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| **B. FATHER** | * **YES**
 | * **NO**
 |  |
| **C. MOTHER** | * **YES**
 | * **NO**
 |
| **D. CHILDREN** | * **YES**
 | * **NO**
 | * **N/A**
 |
| **E. SIBLINGS** | * **YES**
 | * **NO**
 | * **N/A HOW MANY?**
 |
| **F. GRANDPARENTS** | * **YES**
 | * **NO**
 |  |
| **G. OTHER** | * **YES**
 | * **NO**
 |  |

If **YES**, and **strictly** following the **above** order (A, B, C…), please provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAME** | **RELATIONSHIP** | **DATE OF BIRTH****day/month/year** | **ADDRESS** | **TELEPHONE** | **EMAIL ADDRESS** |
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