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Step by Step Guide to Guardian/Co-Guardian Advocacy

STEP ONE:

Gather the following documents/information:

- Guardian Advocacy Appointment Forms
- Names/Addresses of the proposed Guardian/Co-Guardian Advocate(s)
- Names/Addresses of the next of kin (see definition in Glossary)
- Names/Addresses of the Standby Guardian Advocate
- Name/Address of current treating physician
- Date of diagnosis of Protected Person/Ward's condition
- Educational history for proposed guardian advocate(s) (high school, college, vocational training)
- Employment experience for last ten years for proposed guardian advocate(s)
- Amount of income paid to Protected Person/Ward (work, social security benefits, savings account)

STEP TWO:

Complete the "Pre-hearing" forms. Be sure to keep multiple copies. File these documents with the clerk of court in your county. Check "What I need to know about each county" handout to be sure nothing has been missed.

Make sure each proposed guardian completes a background check, and the results are received by the clerk of the court.

Make sure each proposed guardian completes a credit check, and it is filed with the court.

STEP THREE:

Once pleadings have been filed with the clerk of the court, send a copy of the following documents by certified mail to the appointed attorney and any next of kin:

- Petition for Appointment of Guardian/Co-Guardian Advocate(s)
- Formal Notice
- Consent and Waiver of Notice. Send this to the next of kin for them to sign and send back. Upon receipt, file with the court.

STEP FOUR:

Call Attorney/Elisor regarding the following:

Call Attorney/Elisor to coordinate a meeting between Protected Person/Ward and Attorney/Elisor.

Obtain approval from Attorney/Elisor for Proposed Orders and Letters.

Ask if the Attorney/Elisor is waiving the appearance of Protected Person/Ward at the hearing.

- a. If the Attorney/Elisor says yes, the attorney is telling you that Protected Person/Ward does not have to come to the hearing.
- b. If the Attorney/Elisor says no, then Protected Person/Ward must come to the hearing.

Call Clerk of Court for your county to confirm that all the following are complete:

File opened by the clerk.

Case number assigned to file by the clerk.

Confirm that file is complete and ready to be set for hearing.

Find out which judge is assigned to the case, their phone number and the name of the judge's Judicial Assistant.

Then what do I do?

Call Judicial Assistant(JA) of the judge assigned to the case and obtain a date for the hearing. (Note: in Volusia and Flagler counties, a proposed Guardian Advocate does not call the JA to get a hearing date. The blank Notice of Hearing form and Order Appointing Attorney and Elisor should be filed with the clerk at the same time as the petition, application, oath, etc. Then, the clerk sends the blank Notice of Hearing and Order Appointing Attorney to the JA and they are then completed and mailed.)

Contact the Attorney/Elisor to confirm the date provided by the judge to be sure this date is convenient for the Attorney/Elisor.

Prepare a Notice of Hearing and file it with the clerk of court, send a copy to the Attorney/Elisor and all next of kin that did NOT sign a Consent and Waiver.

Five days prior to the hearing, call the Clerk of Court to confirm that the file is ready for the hearing, specifically:

- a. Is background check clear?
- b. Is credit check in the file?

STEP FIVE:

Going to the hearing:

1. Confirm the date and time of the hearing as well as the location of the courthouse where the hearing will be held. Some counties have more than one courthouse.
2. Plan to wear clothes that are business casual (collared shirt/slacks) or nicer clothing to the hearing.
3. Be sure to bring THREE copies your proposed Orders and Letters one for the Judge, one for the Elisor, and one for personal records.
4. Bring copies of all of the pleadings that have been have filed.
5. Plan to arrive at the courthouse 30 minutes prior to the hearing so that there is plenty time to get through security and to the waiting area outside the judge's courtroom.
 - a. Check in with someone at the judge's chambers and hearing room if necessary.
6. The Attorney Elisor will be outside the courtroom and will speak briefly about the Protected Person/Ward.

There is the judge, what do I do now? Take a deep breath!

1. Wait outside the hearing room/courtroom until the bailiff/sheriff's deputy announces the case.
2. Go into the courtroom/hearing room, and the judge/bailiff will offer directions about seating (this varies greatly from judge to judge and county to county).
3. The judge will ask the court clerk to announce the case and then will ask how you want to proceed.
4. Briefly explain that you wish to be appointed as the Guardian Advocate for the Protected Person/Ward.
5. The judge will ask some questions about the documents filed.
6. The judge will then ask the Attorney Elisor some questions.
7. If the judge is going to grant the request, then
 - a. The judge may ask for the proposed Orders/Letters, and those should be handed to the bailiff/deputy unless the judge directs you to approach him/her personally.
 - b. If there is information missing or the judge needs something further, he/she will explain that.

Whew, I survived the hearing; the judge has entered the Orders/Letters, now what?

1. Thank the judge and exit the courtroom.

2. Go to the clerk of court (Probate) office for certified copies of the orders/letters (ask the judge, clerk, or bailiff, where the clerk's office is located).
3. Pay in cash to the clerk for the certified copies.
4. Get multiple copies of the orders/letters because they may be needed for schools, primary care doctor, etc.

Congratulations, you are now the Guardian Advocate!

Post appointment...there is more!

What do I do next?

1. Initial Plan: must be filed within 60 days from the date of appointment as Guardian Advocate. Initial Plan and Order Approving the Initial Plan must be submitted within 60 days of the date of appointment by the Judge.
2. Guardianship class: All guardian advocates are required to take an educational class at their own expense (usually about \$100) and submit their Certificate of Completion to the clerk of court within four months of the date they are appointed as Guardian Advocate. See the "What I need to know about each county" form for information about where to sign up for the class.
3. Credit concerns: If there are concerns about the Protected Person/Ward's credit and someone trying to take advantage of them, consider freezing their credit once they turn eighteen (18) through the credit reporting agencies.

And more...

Every year, an "Annual Guardian Advocacy Plan of Guardian Advocate of Person," an updated "Physician's Report," and an "Order Approving the Annual Plan" must be filed. This must be filed with the clerk of court, not more than 90 days after the last day of the anniversary month of your appointment.

Lastly...

Can court documents be E-Filed instead of mailing them to the clerk? The information at this is yes, go to <https://edca.2dca.org/>, to register an account, and then wait for approval.

Checklist/Recap of the Steps

Did you....

Complete all necessary paperwork following the Step by Step Guide?

File paperwork with the Clerk of Court, Probate Division, for YOUR county?

Mail copies to all next of kin and get consents?

Contact and meet with Elisor/Appointed Attorney (the attorney appointed for the Protected Person/Ward)?

Set up a hearing with Judge's Judicial Assistant, and coordinate the hearing with the Elisor/Appointed Attorney?

Attend Hearing in Judge's Chambers/Hearing Room/Courtroom?

File Initial Plan with Court within 60 days of initial Order?

Take the Guardianship class with four months of your appointment date and file your certificate with Court?

File Annual Plan with Court each year within 90 days after the anniversary date of appointment? (this repeats every year...)

GUARDIAN ADVOCACY FORMS LIST

Pre-Hearing Forms:

Petition for Appointment of Guardian/Co-Guardian Advocate(s) of the Person
Guardian/Co-Guardian Advocate(s) Education and Background Check Requirements
Application for Appointment of Guardian/Co-Guardian Advocate(s)
Oath of Guardian/Co-Guardian Advocate and Designation/Acceptance as Resident Agent
Petition for Appointment of Standby Guardian Advocate(s)
Oath of Standby Guardian Advocate
Application for Determination of Civil Indigent Status
Report of Attending Physician
Notice of Confidential Information Within Court Filing (Physician's Report)
Notice of Filing Credit Report for Proposed Guardian/Co-Guardian Advocate(s)
Notice of Confidential Information Within Court Filing (Credit Report)
Formal Notice
Order Appointing Attorney and Elisor
Proof of Service Formal Notice
Notice of Hearing
Consent and Waiver of Notice (From next of kin)

Hearing Forms:

Order Appointing Guardian/Co-Guardian Advocates(S) of The Person
Letters of Appointment of Guardian/Co-Guardian Advocates
Order Appointing Standby Guardian Advocate

Post-Hearing Forms:

Initial Guardian Advocacy Plan (Guardianship Report) of The Guardian/Co-Guardian Advocate(S) of The Person
Order Approving Initial Guardian/Co-Guardian Advocacy Plan of Guardian Advocate(S) of The Person
Proof of Completion of Guardianship Class

Annual Guardian/Co-Guardian Advocacy Report Annual Plan of
Guardian/Co-Guardian Advocate of Person
Physicians Report (For Annual Plan)
Notice of Confidential Information Within Court Filing (Physician's Report
for Annual Plan)
Order Approving Annual Guardian/Co-Guardian Advocacy Plan of
Guardian Advocate(S) of The Person

How to calculate the dates of the Initial Plan and Annual Plans

Examples & Explanations of Important Filing Dates in Guardian Advocacy

Form: INITIAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT) OF
THE GUARDIAN ADVOCATE(S) OF THE PERSON

- Paragraph two asks when the Guardianship Advocacy INITIALLY begins
 - Start date: "the day the Letters of Guardianship were signed."
 - End date: "the last day of the month of the anniversary month of appointment one year later"-What is the last day of the month of the start date? Add one full year and this then is the end date.

Start date: _____

End date: _____

Example:

Start Date: May 18, 2018

End Date: May 31, 2019

Form: ANNUAL GUARDIAN ADVOCACY REPORT ANNUAL PLAN OF THE
GUARDIAN ADVOCATE(S) OF THE PERSON

- Paragraph under the title of the form will ask what dates the Annual Plan covers

- Start date: "the date one day after the conclusion of the last submitted plan"-Look at the end date of the INITIAL plan and add one day.
- End date: "date one year later"- End date from INITIAL plan, add one year.
- *These dates repeat yearly for each subsequent annual plan*

Start date: _____

End date: _____

Example:

Start Date: June 1, 2019

End Date: May 31, 2020

When is the ANNUAL Plan due?

- Look at start date of ANNUAL Plan and add 90 days

Annual Plan is due on or before: _____

Example:

Due on or before: before August 29, 2019



Pre-Hearing Forms

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

_____ File
No. _____

Division Probate

PETITION FOR APPOINTMENT OF
GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF THE PERSON

Petitioner(s) _____

file this petition pursuant to Florida Statute 393.12 and Florida Probate Rule 5.649 and allege:

1. The Petitioner, proposed Guardian/Co-Guardian Advocate
_____ residential address is

_____ and post office address is _____.

2. (If NO Co-Guardian Advocate sought, leave this paragraph blank) Petitioner and proposed Co-Guardian Advocate
_____ residential address is

_____ and post office address is _____.

3. _____ (the Protected Person/Ward) is a person with a developmental disability who was born on

_____, and who is ___ years of age, who resides in _____ County, Florida. The residential address of the Protected Person/Ward is _____ and post office address is _____.

4. The Petitioner(s) believe the Protected Person/Ward is in need of a Guardian/Co-Guardian Advocate due to a developmental disability, which manifested prior to the age of eighteen (18), specifically:

_____.

5. Pursuant to Florida Probate Rule 5.649(4), the Protected Person/Ward lacks the ability to make informed decisions about his/her care and the treatment services, or to meet the essential requirements for the Protected Person/Ward's physical health or safety are:

- () to apply for government benefits
- () to determine residency
- () to consent to medical and mental health treatment
- () to make decisions about social environment/social aspects of life,

6. There are no alternatives to Guardian/Co-Guardian Advocacy known to petitioner(s) that would sufficiently address the problems of the Protected Person/Ward in whole or in part. Thus it is necessary that a Guardian/Co-Guardian Advocate(s) be appointed to exercise some but not all of the rights of the Protected Person/Ward.

7. The names and addresses of the next of kin of the Protected Person/Ward are:

Name	Address	Relationship

8. The proposed Guardian/Co-Guardian Advocate

_____, whose residence is:
_____; whose post office address
_____; is
sui juris and otherwise qualified under the laws of Florida to act as
Guardian/Co-Guardian Advocate of the person of _____.
The proposed Guardian/Co-Guardian Advocate is not a professional guardian.
The relationship of the proposed Guardian/Co-Guardian Advocate with the
providers of health care services, residential services, or other services to the
protected person is _____. The relationship and previous
association of the proposed Guardian/Co-Guardian Advocate to the Protected
Person is _____. The proposed Guardian/Co-Guardian Advocate
should be appointed because

9. (If a Co-Guardian Advocate sought, complete this
paragraph) The proposed Co-Guardian Advocate _____,
whose residence is
_____;
whose post office address is _____;
is sui juris and otherwise qualified under the laws of Florida to act as Co-
Guardian Advocate of the person. The proposed Co-Guardian Advocate is not
a professional guardian. The relationship of the proposed Co-Guardian
Advocate with the providers of health care services, residential services, or
other services to the protected person is _____. The relationship
and previous association of the proposed Co-Guardian Advocate to the
protected person is _____. The proposed Co-Guardian Advocate
should be appointed because

10. The Petitioner(s) allege(s) that to their knowledge, information, and belief, the Protected Person/Ward has NOT executed an advance directive under chapter 765, Florida Statutes, or a durable power of attorney under chapter 709, Florida Statutes.

11. Reasonable search has been made for all of the information required by Florida law and by the applicable Florida Probate Rules. Any such information that is not set forth in full above cannot be ascertained without delay that would adversely affect the Protected Person/Ward.

Petitioner(s) requests that _____
be appointed Guardian/Co-Guardian Advocates of the person of
_____.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on this ___ day of _____.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

GUARDIAN/CO-GUARDIAN ADVOCATE(S) EDUCATION AND
BACKGROUND CHECK REQUIREMENTS

Pursuant to Florida Statutes 744.3135 and 744.3145, I/we,

_____,
the proposed Guardian/Co-Guardian Advocate(s) in the above styled case is/are aware of the requirements to submit to a criminal history background screening done via a fingerprint "Live Scan" and credit check that I/we obtain from a major credit reporting source and submit to the court PRIOR to appointment as Guardian/Co-Guardian Advocate(s), and attend the Guardian Education Course given an approved provider for my/our circuit, within four months of being appointed to serve as Guardian/Co-Guardian Advocate(s).

Under penalties of perjury, I declare that I/we have read the foregoing, and the facts alleged are true, to the best of my/our knowledge and belief.

Signed on this ___ day of _____ 20__.

Signature: _____

Signature: _____

Proposed Co-Guardian Advocate

Proposed Co-Guardian Advocate

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____
Division Probate

APPLICATION FOR APPOINTMENT AS GUARDIAN/ CO-
GUARDIAN ADVOCATE(S)

Pursuant to Florida Statutes Section 744.3125, the undersigned submits this Application for Appointment as Guardian/Co-Guardian Advocate of _____ (the Protected Person/Ward) and submits the following information:

1. Proposed Guardian/Co-Guardian Advocate's name:

2. Age: _____

3. Residence address:

4. Mailing address:

5. U.S. citizen? ____

6. Current employer's name and COMPLETE address:

Applicant's position: _____

7. Home telephone number: _____

Work telephone number: _____

8. If currently serving as guardian for any other Protected Person/Ward, list the name of each adult Protected Person/Ward and the initials of each Protected Person/Ward that is a minor, court file number, circuit court in which the case is pending and whether applicant is acting as the Limited or Plenary Guardian of the person or property, or both (attach an additional page if necessary). If none, write none.:

(Questions 9-23: any "yes" answers require an additional sheet be attached to this application explaining in FULL detail the situation, condition, and current status, including complete names and complete addresses of all doctors/courts/agencies/businesses/individuals involved.)

9. Does applicant have any physical disabilities? _____

10. Has applicant ever been treated for the following, indicate Yes or No below:

- a. Mental condition? _____
- b. Alcohol? _____
- c. Drugs? _____
- d. Other? _____

11. Has applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined by the Florida Statutes? _____

12. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Section 415.104, Florida Statutes? ____

13. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? ____

14. Has applicant ever been arrested for or convicted of a felony, even if the record for arrest or conviction has been expunged unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? ____

15. Has applicant ever been charged with, arrested for or convicted of any other crimes? ____

16. Has applicant ever held a position which required bonding? ____

17. Has applicant ever served as Guardian of a person or of a person's property? ____

18. Has applicant ever been held in contempt of court or removed as Guardian? ____

19. Has applicant ever filed for bankruptcy? ____

20. What is applicant's relationship to the alleged Protected Person?

21. Is applicant, or applicant's corporation or other business entity a creditor of, or providing professional, personal or business services to the Protected Person? ____

22. Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the Protected Person?

23. Is applicant a health care provider for the alleged Protected Person?

24. Educational history of applicant:

Name and COMPLETE Address
of Educational Institution

Degree

Date

25. List applicant's employment experience for the past ten (10) years beginning with the most recent date:

Name and COMPLETE
Address of Employer

Dates Employed

Reason for Leaving

26. Was applicant discharged from employment by any employer listed above? ____ If yes: explain:

27. Does applicant possess any special educational qualifications (financial, business or otherwise) that qualify applicant to be appointed Guardian? ____ If yes, explain:

28. Has applicant received instruction and training which covered the legal duties and responsibilities of a Guardian? ____ If yes, describe:

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on this ____ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Printed Name:

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

_____ File No. _____
_____ Division Probate

OATH OF GUARDIAN/CO-GUARDIAN ADVOCATE and
DESIGNATION /ACCEPTANCE AS RESIDENT AGENT

(To be signed before a notary public and duly notarized.)

STATE OF FLORIDA

COUNTY OF _____

I, _____ (Affiant), state under oath that:

1. I will faithfully perform the duties of Guardian/Co-Guardian Advocate of the person of _____ (the Protected Person/Ward) according to law.

2. My place of residence is

and my post office address is

3. I hereby designate myself, and by my signature below accept that I will serve as resident agent for the service of process or notice in any action against me, either in my representative capacity or personally, if the personal action accrued in the performance of my duties as such Guardian Advocate. I am a permanent resident of _____ County, Florida, and my residence and post office address are listed above.

Affiant's Signature: _____

Printed Name: _____

Sworn to and subscribed before me on _____, 20____, by Affiant,
who is personally known to me or who produced _____
as identification.

Notary Public State of Florida

(Affix Notarial Seal)

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA
IN RE: GUARDIAN
ADVOCACY OF

PROBATE DIVISION

_____ File No. _____
Division Probate

PETITION FOR APPOINTMENT OF STANDBY GUARDIAN ADVOCATE

Petitioner(s), _____,
the Guardian Advocate(s) for the Protected Person/Ward (hereafter known as
"Protected Person/Ward"), alleges:

1. Petitioner's residence is

and petitioner's post office address is

2. _____, the Protected Person/Ward,
is ___ years of age. The residence of the Protected Person/Ward is

and the post office address of the Protected Person/Ward is

3. The nature of the Protected Person/Ward developmental
disability is _____.

4. The names, COMPLETE addresses, and relationship of the next
of kin of the Protected Person/Ward are listed below:

Note: Standby Guardian Advocate has no authority to act until they are confirmed by separate court order and have a complete background check.

6. The proposed STANDBY Guardian Advocate is

_____, whose residence is

and whose post office address is _____;

is sui juris and otherwise qualified under the laws of Florida to act as STANDBY Guardian Advocate of the Protected Person/Ward. The proposed

STANDBY Guardian Advocate is not a professional guardian/guardian advocate. The relationship and previous association of the proposed standby Guardian Advocate to the Protected Person/Ward is: _____

7. The proposed STANDBY guardian advocate should be appointed because:

Petitioner requests that _____
be appointed STANDBY Guardian Advocate of the Protected Person/Ward.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief, and I certify that I have mailed by U.S. Mail a copy of this Petition to all next of kin listed in paragraph 5.

Signed on this ____ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____
Division Probate

OATH OF STANDBY GUARDIAN/CO-GUARDIAN ADVOCATE and
DESIGNATION /ACCEPTANCE AS RESIDENT AGENT

(To be signed before a notary public and duly notarized.)

STATE OF FLORIDA

COUNTY OF _____

I, _____ (Affiant), state
under oath that:

1. I will faithfully perform the duties of Guardian/Co-Guardian
Advocate of the person of _____ (the
Protected Person) according to law.

2. My place of residence is

_____ and my post office address
is _____.

3. I hereby designate myself, and by my signature below accept that
I will serve as resident agent for the service of process or notice in any action
against me, either in my representative capacity or personally, if the personal
action accrued in the performance of my duties as such Guardian Advocate. I
am a permanent resident of _____ County, Florida, and

my residence and post office address are listed above.

Affiant's Signature: _____

Printed Name: _____

Sworn to and subscribed before me on _____, 20____,
by Affiant, who is personally known to me or who produced
_____ as identification.

Notary Public State of Florida
(Affix Notarial Seal)

**IN THE CIRCUIT/COUNTY COURT OF THE ----- JUDICIAL CIRCUIT
IN AND FOR ----- COUNTY, FLORIDA**

IN RE: The Guardian Advocacy of

CASE NO. _____

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the clerk's office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

1. I have _____ dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married?...Yes....No Does your Spouse Work?...Yes....No Annual Spouse Income? \$ _____

2. I have a net income of \$ _____ paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____

(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, **minus** deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____.
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job	Yes \$ _____	No _____	Veterans' benefits.....	Yes \$ _____	No _____
Social Security benefits			Workers compensation.....	Yes \$ _____	No _____
For you.....	Yes \$ _____	No _____	Income from absent family members	Yes \$ _____	No _____
For child(ren)	Yes \$ _____	No _____	Stocks/bonds.....	Yes \$ _____	No _____
Unemployment compensation	Yes \$ _____	No _____	Rental income.....	Yes \$ _____	No _____
Union payments	Yes \$ _____	No _____	Dividends or interest.....	Yes \$ _____	No _____
Retirement/pensions	Yes \$ _____	No _____	Other kinds of income not on the list.....	Yes \$ _____	No _____
Trusts	Yes \$ _____	No _____	Gifts	Yes \$ _____	No _____

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash.....	Yes \$ _____	No _____	Savings account.....	Yes \$ _____	No _____
Bank account(s).....	Yes \$ _____	No _____	Stocks/bonds.....	Yes \$ _____	No _____
Certificates of deposit or			Homestead Real Property*.....	Yes \$ _____	No _____
money market accounts.....	Yes \$ _____	No _____	Motor Vehicle*.....	Yes \$ _____	No _____
Boats*	Yes \$ _____	No _____	Non-homestead real property/real estate*	Yes \$ _____	No _____

*show loans on these assets in paragraph 5

Check one: I () DO () DO NOT expect to receive more assets in the near future. The asset is _____.

5. I have total liabilities and debts of \$ _____ as follows: Motor Vehicle \$ _____, Home \$ _____, Other Real Property \$ _____, Child Support paid direct \$ _____, Credit Cards \$ _____, Medical Bills \$ _____, Cost of medicines (monthly) \$ _____, Other \$ _____.

6. I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s.775.082, F.S. or s. 775.083, F.S. **I attest that the information I have provided on this application is true and accurate to the best of my knowledge.**

Signed this _____ day of _____, 20____.

Date of Birth Driver's License or ID Number

Signature of Applicant for Indigent Status
Print Full Legal Name _____
Phone Number: _____

Address, P O Address, Street, City, State, Zip Code

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent, according to s. 57.082, F.S.

Dated this _____ day of _____, 20 _____.

Clerk of the Circuit Court by _____

This form was completed with the assistance of: _____

Clerk/Deputy Clerk/Other authorized person.

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.
THERE IS NO FEE FOR THIS REVIEW.**

Sign here if you want the judge to review the clerk's decision _____

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION
IN RE: GUARDIAN ADVOCACY
OF

File No.

Division Probate

REPORT OF ATTENDING PHYSICIAN

Fla. Prob. R. 5.649 Guardian Advocate.

(to be filed with the Petition for Appointment of Guardian Advocate)

Physician's Name and Practice, including specialty, complete address and
phone number

Patient Name: _____

This will verify that _____ has been a patient of
mine since _____ and the specific developmental disability to which
the patient is subject is _____.

Date of diagnosis: _____.

Because of the extent of his/her developmental disability, I feel that he/she is unable to handle his/her personal matters regarding finances and his/her physical well-being and that a guardian advocate should be appointed on his/her behalf.

Physician's Signature

Date Completed

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

_____ File No. _____
Division Probate

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING
(Petition for Appointment)

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), I hereby certify:

I am filing herewith a document containing confidential information as described in Rule 2.420(d)(1)(B) and that:

(a) The title/type of Document is: REPORT OF ATTENDING PHYSICIAN, and:

(b) The confidential information within the document is precisely located at: ENTIRE DOCUMENT-MEDICAL REPORT

Signed this ___ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Note: The clerk of court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within five days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than ten days, unless a motion is filed pursuant to subdivision(d)(3) of the Rule. Fla. R. Jud. Admin. 2.420.

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

NOTICE OF FILING CREDIT REPORT
FOR PROPOSED GUARDIAN/CO-GUARDIAN ADVOCATE

COMES NOW, the Petitioner(s) and file the following as requested by
the court;

Credit check, report and history of Proposed Guardian/Co-Guardian
Advocate:

(Name of Proposed Guardian/Co-Guardian Advocate)

Submitted this ___ day of _____, 20__.

Signature: _____

Proposed Co-Guardian Advocate

Printed Name: _____

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

_____ File No. _____
Division Probate

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING
(CREDIT REPORT)

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), I hereby certify:

I am filing herewith a document containing confidential information as described in Rule 2.420(d)(1)(B) and that:

(a) The title/type of Document is:
NOTICE OF FILING CREDIT REPORT, and:

(b) The confidential information within the document is precisely located at:

THE ENTIRE DOCUMENT IS CONFIDENTIAL.

Signed this ___ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Printed Name: _____

Address: _____

Phone Number: _____

Note: The clerk of court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within five days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than ten days, unless a motion is filed pursuant to subdivision(d)(3) of the Rule. Fla. R. Jud. Admin. 2.420.

Signed on this ____ day of _____ 20__.

Signature: _____

Signature: _____

Proposed Co-Guardian Advocate

Proposed Co-Guardian Advocate

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

**IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA** **PROBATE DIVISION**

**IN RE: GUARDIAN
ADVOCACY OF**

File No. _____

Division: Probate

**ORDER APPOINTING ATTORNEY AND ELISOR
FOR THE PERSON WITH A DEVELOPMENTAL DISABILITY**

On the Petition of _____
to determine whether _____, whose age is _____ and whose
address is _____,

to determine if a Guardian Advocate should be appointed due to developmental disability, it is
ADJUDGED as follows:

1. _____, a member of the
Florida Bar, whose office address is _____,
_____ and whose telephone number is _____,
is hereby appointed attorney for the person with a developmental disability to represent that
person in all proceedings involving the Petition for Appointment of Guardian/Co-Guardian
Advocate(s), and, if a guardian advocate is appointed due to developmental disability, to review
the initial guardianship report and represent the ward during any objections thereto. This
appointment may be terminated, subject to approval by order of this Court, if the alleged
incapacitated person substitutes his own attorney for the attorney hereby appointed.

2. _____ is appointed
Elisor to serve on and read to the protected person/person with a developmental disability the
Petition for Appointment of Guardian Advocate and all other pleadings required to be served on
and read to the protected person/person with a developmental disability.

3. All persons having custody, control, or access to the person or property of the

person with a developmental disability, upon request of the above-appointed attorney, are directed to make such person and property, including all medical and financial records requested that pertain to and may affect the proper representation of the protected person/person with a developmental disability, immediately available to that attorney for private consultation, inspection, and study.

DONE AND ORDERED this _____ day of _____, 20____.

Circuit Judge

Copies to:
Petitioners
Appointed Attorney/Elisor

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

File No. _____

Division Probate

PROOF OF SERVICE OF FORMAL NOTICE

I/We certify that on _____, a true copy of a Petition for Appointment of Guardian/Co-Guardian Advocate(s) and a true copy of the Formal Notice thereof filed in the above proceeding were mailed by United States certified mail, return receipt requested, postage prepaid, or were delivered in a manner permitted by Florida Probate Rule 5.040(a), to: (list below all next of kin, with addresses, from Formal Notice)

Signed receipts or other evidence that delivery was made to, or refused by, each addressee or the addressee's agent ARE ATTACHED (Certified Mail Receipt with accompanying signed green card). Signed on this ____ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

NOTICE OF HEARING

TO: (This date is coordinated with the J.A., and the Attorney/Elisor for the Protected Person/Ward, then mailed by U.S. mail to the Attorney/Elisor, and to all next of kin. List their names and addresses below.)

YOU ARE HEREBY NOTIFIED that the Petitioner/Proposed Guardian/Co-Guardian(s) will call up for hearing before the _____, judge of the above court, at the _____ County Courthouse, Courtroom or Courtroom/ Hearing Room # _____, the address of which is _____, on (date) _____, at (time) _____ or as soon thereafter as same may be heard, the Petition for Appointment of Guardian/Co-Guardian Advocate(s).

Time set aside by the court is fifteen minutes.

PLEASE GOVERN YOURSELVES ACCORDINGLY.

I CERTIFY that a copy of this Notice of Hearing has been furnished to the above addressees by U.S. mail on this ____ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

AMERICAN WITH DISABILITIES ACT: If you are a person with a disability who needs any accommodation to participate in a court proceeding or event, you are entitled, at no cost to you, to the provision of certain assistance. Please contact, at least seven days before your hearing: (get the contact information from your county's clerk of court, and list here)

ADA Coordinator, address, phone and fax number:

Name: _____

Address: _____

Phone: _____

Fax: _____

If you are hearing or voice impaired, call 711 to reach the Telecommunications Relay Service.

Americans with Disabilities paragraphs
To be included on the last page of the Notice of Hearing
MUST BE TYPED IN 14 PT BOLD

Seminole County

AMERICANS WITH DISABILITIES ACT. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. If you require assistance please contact: ADA Coordinator, at Seminole Court Administration, 301 N. Park Ave, Suite N301, Sanford, Florida, 32771-1292, (407) 665-4227. NOTE: You must contact coordinator at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Orange County

AMERICANS WITH DISABILITIES ACT. If you are a person with a disability who needs any accommodation in order to participate in a court proceeding or event, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Orange County, ADA Coordinator, Human Resources, Orange County Courthouse, 425 N. Orange Avenue, Suite 510, Orlando, Florida, (407) 836-2303, fax: 407-836-2204; and in Osceola County, ADA Coordinator, Court Administration, Osceola County Courthouse, 2 Courthouse Square, Suite 6300, Kissimmee, FL 34741, (407) 742-2417, fax 407-835-5079, at least 7 days before your scheduled court appearance, or immediately upon receiving notification if the time before the scheduled court appearance is less than 7 days. If you are hearing or voice impaired, call 711 to reach the Telecommunications Relay Service.

Osceola County

AMERICANS WITH DISABILITIES ACT. If you are a person with a disability who needs any accommodation in order to participate in a court proceeding or event, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Orange County, ADA Coordinator, Human Resources, Orange County Courthouse, 425 N. Orange Avenue, Suite 510, Orlando, Florida, (407) 836-2303, fax: 407-836-2204; and in Osceola County, ADA Coordinator, Court Administration, Osceola County Courthouse, 2 Courthouse Square, Suite 6300, Kissimmee, FL 34741, (407) 742-2417, fax 407-835-5079, at least 7 days before your scheduled court appearance, or immediately upon receiving notification if the time before the scheduled court appearance is less than 7 days. If you are hearing or voice impaired, call 711 to reach the Telecommunications Relay Service.

Lake County

AMERICANS WITH DISABILITIES ACT. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator for Lake County, Nichole Berg, at (352) 253-1604, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

CONSENT AND WAIVER OF NOTICE

(When possible, signed and filed with the Clerk of Court for
each next of kin of the Protected Person.)

The undersigned, whose complete name and complete address are:

and who has an interest in the above Guardian Advocacy as the
(brother/sister/parent/child) _____ of the Protected Person,
acknowledges receipt of a copy of the Petition for Appointment of
Guardian/Co-Guardian Advocate(s) and Formal Notice, and hereby waives
hearing and notice of hearing thereon, and consents to the settlement and
entry of an order granting the relief requested in the Petition without notice or
hearing.

Signed this ____ day of ____ 20__.

Signature: _____

Printed Name: _____

Relationship: _____



Hearing Forms

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate



ORDER APPOINTING GUARDIAN/CO-GUARDIAN ADVOCATE(S)
OF THE PERSON

Upon consideration of the Petition for the Appointment of Guardian/Co-Guardian Advocate(s) of the Person, the Court finds that _____ has a developmental disability of a nature which requires the appointment of Guardian/Co-Guardian Advocate(s) of the person based upon the following findings of fact and conclusions of law, as required by section 393.12(8), Florida Statutes:

1. The nature and scope of the person's lack of decision-making ability are:

2. The exact areas in which the person lacks decision-making ability to make informed decisions about care and treatment services or to meet the essential requirements for his/her health and safety are specified in paragraph 4.

3. The specific legal disabilities to which the person with a developmental disability is subject to are:

4. The powers and duties delegated to the Guardian/Co-Guardian Advocate(s) are:

- () to apply for government benefits
- () to determine residency
- () to make decisions about and to consent to medical and mental health treatment
- () to make decisions about social environment/social aspects of life,

Without first obtaining specific authority from the Court, as stated in section 744.3725, Florida Statutes, the Guardian/Co-Guardian Advocate(s) may not:

(a) commit the person with a developmental disability to a facility, institution, or licensed service provider without formal placement proceedings, pursuant to Chapter 393, Florida Statutes;

(b) consent to the participation of the person with a developmental disability in any experimental biomedical or behavior procedure, exam, study, or research;

(c) consent to the performance of sterilization or abortion procedure on the disabled person;

(d) consent to termination of life support systems provided for the person with a developmental disability;

(e) initiate a petition for dissolution of marriage for the ward; and

(f) exercise any authority over any health care surrogate appointed by any valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this Court.

_____ (the person with a developmental disability) shall retain all legal rights except those which are specifically granted to the Guardian/Co-Guardian Advocate(s) pursuant to court order.

CONSIDERED, ORDERED & ADJUDGED AS FOLLOWS:

1. _____ is/are qualified to serve as Guardian/Co-Guardian Advocate(s) of the person and are hereby appointed as Guardian/Co-Guardian Advocate(s) of the Person of _____ (the person with a developmental disability).

2. The Guardian/Co-Guardian Advocate(s) shall exercise only the rights that the Court has found the disabled person incapable of exercising on his behalf, as outlined herein above. Said rights are hereby removed from the person with a developmental disability and specifically delegated to the Guardian/Co-Guardian Advocate(s).

DONE AND ORDERED in _____ County, Florida, this ____ day of _____ 20__.

Circuit Judge

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

LETTERS OF GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF THE PERSON

TO ALL WHOM IT MAY CONCERN:

WHEREAS, _____
has/have been appointed Guardian/Co-Guardian Advocate(s) of the Person
for _____, a person with a developmental disability who
lacks the decision-making capacity to do some of the tasks necessary to take
care of his/her person; and

WHEREAS, the Guardian/Co-Guardian Advocates have taken and
filed the prescribed oath and performed all other acts prerequisite to the
issuance of Letters of Guardian/Co-Guardian Advocates of the Person;

NOW, THEREFORE, I, the undersigned circuit judge, declare that
_____ are duly
qualified under the laws of the State of Florida to act as Guardian/Co-
Guardian Advocates of the Person of _____, with full
power to exercise the following powers and duties on behalf of the person with
a developmental disability:

() to apply for government benefits

- () to determine residency
- () to consent to medical and mental health treatment
- () to make decisions about social environment/social aspects of life,

Without first obtaining specific authority from the Court, as stated in section 744.3725, Florida Statutes, the Guardian/Co-Guardian Advocates may not:

(a) Commit the person with a developmental disability to a facility, institution, or licensed service provider without formal placement proceedings, pursuant to Chapter 393, Florida Statutes;

(b) Consent to the participation of the person with a developmental disability in any experimental biomedical or behavior procedure, exam, study, or research;

(c) Consent to the performance of sterilization or abortion procedure on the disabled person;

(d) Consent to termination of life support systems provided for the person with a developmental disability;

(e) Initiate a petition for dissolution of marriage for the ward;

(f) Exercise any authority over any health care surrogate appointed by any valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this Court. The person with developmental disability/Protected Person shall retain all legal

rights except those which are specifically granted to the Guardian/Co-Guardian Advocates pursuant to court order.

DONE AND ORDERED in _____, Florida, this _____ day of _____ 20__.

Circuit Judge

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

ORDER APPOINTING STANDBY GUARDIAN ADVOCATE OF THE PERSON

THIS CAUSE having come before the court for hearing on _____, 20____, on the Petition for the Appointment of Standby Guardian Advocate of the Person, and the court being advised in the premises, it is hereby

ORDERED AND ADJUDGED:

1. It is necessary for a Standby Guardian Advocate to be appointed to assume the duties of the Guardian Advocates upon their death, adjudication of incapacity, or resignation as Guardian Advocates.

2. _____, is qualified to serve as Standby Guardian Advocate of the person and is hereby appointed as Standby Guardian Advocate of the Person.

3. The Standby Guardian Advocate shall have no authority to execute any of the powers and duties as Guardian Advocate until he has taken and filed the prescribed oath, and Letters of the Guardian Advocate have been issued by the Court.

DONE AND ORDERED in _____ County, Florida,
this _____ day of _____, 20____.

Circuit Judge



Post-Hearing Forms

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

INITIAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT)
OF THE GUARDIAN ADVOCATE(S) OF THE PERSON

_____,
the Guardian/Co-Guardian Advocate(s) of the person of _____
(the Protected Person/Ward), submits the following plan as the Initial
Guardianship Report of the Guardian Advocate(s):

1. The Protected Person/Ward presently resides at:

2. During the period beginning _____ (the date the
Letters of Guardianship were signed), and ending _____ (the
last day of the month of the anniversary month of your appointment one
year later), the Guardian Advocate(s) proposes the following plan for the benefit
of the Protected Person/Ward.

a. Medical, mental or personal care services to be provided for
the welfare of the Protected Person/Ward: _____

b. Social and personal services to be provided for the welfare of
the Protected Person/Ward: _____

c. Place and kind of residential setting best suited for the needs of the Protected Person/Ward: _____

d. Description of health and accident insurance and any other private or governmental benefits to which the Protected Person/Ward may be entitled to meet any part of the costs of medical, mental health or related services provided to the Protected Person/Ward: _____

e. Physical and mental examinations necessary to determine the Protected Person/Ward's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations: (THIS IS FOR THE COMING YEAR, AND WHAT YOU THINK WILL HAPPEN DURING THAT PERIOD)

<u>Type of Examination</u>	<u>Name of Person Performing Examination</u>	<u>Date of Examination</u>
----------------------------	--	----------------------------

3. The Guardian(s) attest that the Protected Person/Ward has:(the nature of the disability)_____.

4. To the maximum extent reasonable, the plan is in accordance with the wishes of the Protected Person/Ward.

5. This Initial Guardianship Plan does not restrict the physical liberty of the Protected Person/Ward more than is reasonably necessary to protect the Protected Person/Ward or others from serious physical injury, illness or disease and provides the Protected Person/Ward with medical care and mental health treatment for the Protected Person/Ward 's physical and mental health.

Under penalties of perjury, we declare that we have read the foregoing, and the facts alleged are true, to the best of our knowledge and belief.

Signed on this ____ day of _____ 20__.

Signature: _____

Signature: _____

Proposed Co-Guardian Advocate

Proposed Co-Guardian Advocate

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was sent by U.S. mail this ____ day of _____, 20__, to the court-appointed attorney/elisor for the Protected Person/Ward, (name and address of attorney)

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____
COUNTY, FLORIDA PROBATE
DIVISION

IN RE: GUARDIAN
ADVOCACY OF

_____ File No. _____
Division Probate

ORDER APPROVING INITIAL GUARDIAN ADVOCACY PLAN
OF GUARDIAN ADVOCATE(S) OF THE PERSON

The Court has reviewed the Initial Guardian Advocacy Plan of the
Guardian/Co-Guardian Advocate(s) of the person of
_____, the Protected Person/Ward (hereafter
known as the "Protected Person/Ward"), consisting of the Initial Guardianship
Plan filed on _____, and the Clerk's report thereon filed on
_____. The Court finds that said Report:

- (a) Meets the needs of the Protected Person/Ward;
- (b) Authorizes the Guardian Advocate(s) to act only in areas in
which the Protected Person/Ward has been declared incapacitated; and
- (c) Conforms to all other requirements of the Florida Statutes.

It therefore is

ADJUDGED that the Initial Guardian Advocacy Report (Initial
Guardian Advocacy Plan) of the Guardian/Co-Guardian Advocate(s) of the
person is approved and constitutes the authority for the Guardian/Co-Guardian
Advocate(s) to act in the forthcoming year, and the Guardian/Co-Guardian
Advocate(s)'s powers are limited as set forth in said Report.

ADJUDGED FURTHER, that any attorney/Elisor appointed by the Court to represent the Protected Person/Ward and review that Initial Guardianship Report is discharged.

DONE AND ORDERED in _____ County, Florida, on _____.

Circuit Judge

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

PROOF OF COMPLETION OF REQUIRED
GUARDIAN ADVOCATE EDUCATION CLASS

I/we, _____,
the Guardian/Co-Guardian Advocates, completed the required guardian
education course. Attached are copies of the Certificates of Completion.

Under penalties of perjury, I declare that I have read the foregoing,
and the facts alleged are true, to the best of my knowledge and belief.

Signed on this _____ day of _____,
20____.

Name

Name

Signature

Signature

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

ANNUAL GUARDIAN ADVOCACY PLAN
ANNUAL PLAN OF GUARDIAN ADVOCATE(S) OF PERSON

Comes now _____
the Guardian/Co-Guardian Advocate(s) of the Person of
_____, the Protected Person/Ward (hereafter known
as "Protected on"), and submits the following plan as the Annual Guardian
Advocacy Report of this Guardian/Co-Guardian Advocacy.

The Annual Guardian/Co-Guardian Advocacy Plan for the period
beginning, _____ and ending, _____ shall be as follows:

1. The following information is submitted concerning the
residence of the Protected Person/Ward:

a. Address at the time of filing this plan is:

b. During the prior twelve (12) months the Protected Person/Ward has resided at the following locations (include the names, addresses and length of stay at each location):

c. The residential setting best suited to their current needs is as follows:

d. The Plan for the next twelve (12) months to ensure he/she is in the best residential setting to meet his/her needs is as follows:

2. The following information is submitted concerning the medical and mental health conditions, treatment and rehabilitation needs of the Protected Person:

a. Any professional medical treatment given during the prior twelve (12) months was as follows:

b. Attached is a report of a physician who examined the Protected Person no more than ninety (90) days before the date this plan is filed, including that physician's evaluation of their condition and a statement of the current level of capacity of the Protected Person.

c. The plan for providing medical, mental health and rehabilitative services in the next twelve (12) months is as follows:

3. The following information concerning the social condition of the Protected Person:

a. The following is a summary of the social and personal services currently used by the Protected Person:

b. The following is a statement of the social skills of the Protected Person, including how well he communicates and maintains interpersonal relationships:

c. The following is a description of the social needs of the Protected Person:

4. The following is a summary of activities during the preceding year designed to enhance the capacity of the Protected Person:

5. Can any rights of the Protected Person be restored?
(Circle One) YES NO

6. Will the Guardian Advocate(s) seek restoration of any rights of the Protected Person?
(Circle One) YES NO

Under the penalties of perjury, I/we as Guardian/Co-Guardian Advocate(s), declare that I/we have read the foregoing and the facts alleged are true to the best of my knowledge and belief and I/we, as Guardian/Co-Guardian Advocate(s), provided a copy of this Annual Guardian Advocacy Report to the Protected Person, _____.

Signed on this ___ day of _____, 20__

Signature: _____
Proposed Co-Guardian Advocate
Name: _____
Address: _____

Phone Number: _____

Signature: _____
Proposed Co-Guardian Advocate
Name: _____
Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

_____ File No. _____
Division Probate

PHYSICIAN'S REPORT

(Required by Florida Statutes, Section 744.3675 for filing with Annual
Guardian Advocacy Plan)

1. Name of Physician: _____
Address: _____

2. Name of the Protected Person/Ward: _____
3. Date of examination: _____
4. Purpose of examination:
 - A. Regular checkup _____
 - B. Treatment for _____
5. Evaluation of Protected Person/Ward's condition: (Specify mental and physical condition at time of examination)

6. Description of Protected Person/Ward's capacity to live independently:

7. The Protected Person/Ward (does or does not) _____ continue to need the assistance of a Guardian.

8. Is the Protected Person/Ward capable of being restored to capacity at this time? (Yes or No) _____

9. Date of this report: _____

Signature of physician completing this report

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING
(Attending Physician's Report for Annual Plan)

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), I
hereby certify:

I am filing herewith a document containing confidential information
as described in Rule 2.420(d)(1)(B) and that:

(a) The title/type of Document is: PHYSICIAN REPORT OF
ATTENDING PHYSICIAN, and:

(b) The confidential information within the document is precisely
located at:

ENTIRE DOCUMENT-MEDICAL REPORT.

Signed this ____ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Note: The clerk of court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within five days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than ten days, unless a motion is filed pursuant to subdivision(d)(3) of the Rule. Fla. R. Jud. Admin. 2.420.

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

ORDER APPROVING ANNUAL GUARDIAN ADVOCACY PLAN
OF GUARDIAN ADVOCATE OF THE PERSON

The Court has reviewed the Annual Guardian Advocacy Plan filed on _____, by the Guardian/Co-Guardian Advocate(s) of the person of the Protected Person/Ward (hereafter known as "Protected Person/Ward"), and the Clerk's report thereon filed _____. The Court finds the Annual Guardianship Plan for the year beginning _____, and ending _____,

- (a) Meets the needs of the Protected Person/Ward;
 - (b) Authorizes the Guardian Advocate(s) to act only in areas in which the Protected Person/Ward has been declared incapacitated;
 - (c) Conforms to all other requirements of the Florida Statutes;
- and
- (d) Does not seek or provide for additional authority to be delegated to the Guardian Advocate(s) which has not heretofore been granted after a hearing, as provided for in Florida Statutes Section 744.331.

It therefore is ADJUDGED that the Annual Guardian Advocacy Plan

is approved and constitutes the authority for the Guardian Advocate(s) to act in the forthcoming year, and the Guardian Advocate(s)'s powers are limited as set forth therein.

DONE AND ORDERED in _____ County, Florida, on _____, 20__.

Circuit Judge

GLOSSARY-TERMS USED IN GUARDIAN ADVOCACY

Capacity: A person's ability to manage their property and meet the essential requirements for their health care, food, shelter, clothing, personal hygiene, and safety.

Estate: All that one owns in real estate and other assets.

Guardianship: The court process where an individual is determined to be incapacitated, their rights are removed and delegated to another person, the "Guardian," who is appointed to act for and on behalf of the incapacitated person.

Guardian Advocacy: A process under §393.12 of the Florida Statutes for family members, caregivers, or friends of individuals with a developmental disability to obtain the legal authority to act on their behalf.

Incapacity: A person's inability to manage their property and meet the essential requirements for their health care, food, shelter, clothing, personal hygiene, and safety.

Indigent: A person falling below an income and asset level set by the state. When a person is determined indigent by state standards, the clerk of the court can declare said person indigent and may waive court filing and other fees related to legal matters.

Special Needs Trust: Special needs trusts are created for the (usually sole) benefit of disabled beneficiaries to allow them a better quality of life while allowing them to remain on or be eligible for government benefits in the future. The trust is drafted with the specific needs, lifestyle, and future of the beneficiary in mind. There are several types with different rules for each type.

Ward: A person who has a guardian appointed by the court to care for and take responsibility for that person.