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## Step by Step Guide to Guardian/Co-Guardian Advocacy

### STEP ONE:

Look through this Step by Step Guide and the “Pre-Hearing” forms.

- Gather the following documents/information:
  - 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 the **Protected Person/Ward's** condition
  - Educational history for proposed Guardian Advocate(s): high school, college, vocational training
  - Employment experience for the last ten years for the proposed Guardian Advocate(s)
  - Amount of income paid to the Protected Person/Ward: work, social security benefits, savings account

### STEP TWO:

- Complete the "Pre-Hearing" forms.
  - Be sure to make at least three copies. You will need one for the Judge, one for the Attorney/Elisor, and one to keep for your personal records.
- File these documents with the **Clerk of Court** in your county. Check "A Cheat Sheet" handout to ensure local rules and procedures for your county are being followed.
  - Court documents may be E-Filed instead of mailing them to the Clerk. If you prefer to E-File, visit <https://www.myflcourtaccess.com> to register for an account with the Court. You may experience a slight delay between registration and approval. For more information, see “Florida Courts E-Filing Portal Access Instructions” after the Checklist/Recap of the Steps.
- Make sure each proposed Guardian completes a criminal history background screening done via a digital live scan fingerprint process and the Clerk of Court receives the reports.
- Make sure each proposed Guardian/Co-Guardian Advocate completes a credit check, and then ensure each credit check report 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 Attorney/Elisor and any next of kin:

- Petition for Appointment of Guardian/Co-Guardian Advocate(s)
- Formal Notice
- Consent and Waiver of Notice
  - Send a copy of this form to the next of kin for them to sign and return to you. Upon receipt, file the waiver(s) with the Court. The next of kin may decline to waive notice.

### STEP THREE:

Call the Attorney/Elisor regarding the following:

- Coordinate a meeting with the Protected Person/Ward.
- Confirm approval of the Proposed Orders and Letters.

- Ask if the Attorney/Elisor will waive the appearance of Protected Person/Ward at the hearing.
  - If the Attorney/Elisor says **yes**, the Protected Person/Ward does NOT have to come to the hearing.
  - If the Attorney/Elisor says **no**, then the Protected Person/Ward MUST come to the hearing.

## STEP FIVE

Even if you E-File, calling the Clerk of Court of your county is highly recommended in order to confirm the following:

- A file has been opened by the Clerk.
- The Case Number assigned to the file by the Clerk.
- Confirm that the 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.

## STEP SIX:

Call the Judicial Assistant (JA) of the Judge assigned to the case and obtain a date for the hearing.

- (Note: Due to COVID-19 protocols, hearings may be held via Zoom, Microsoft Teams, or Google Meet. Specific instructions will be provided by the JA.)
- (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/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 completed and mailed.)
- Contact the Attorney/Elisor with the date provided by the Judge and confirm the Attorney/Elisor is able to attend.
- 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:
  - Is the background check clear?
  - Is the credit check in the file?

## STEP SEVEN:

Before going to the Hearing:

- 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.
- Plan to wear clothes that are business casual (collared shirt/slacks) or nicer to the hearing.
- Be sure to bring THREE copies of your proposed Orders and Letters, one for the Judge, one for the Attorney/Elisor, and one for personal records.
- Bring copies of all of the pleadings that have been filed.
- Plan to arrive at the courthouse 30 minutes prior to the hearing so that there is plenty of time to get through security and to the waiting area outside the courtroom.

- Check with the Clerk of Court of your county for any local health and safety protocol notices.

## STEP EIGHT:

### At the Courthouse

- Check-in with someone at the Judge's chambers and hearing room if necessary.
- The Attorney/Elisor will be outside the courtroom and will briefly recap what to expect in the Court regarding the Protected Person/Ward.

### The Hearing

- Wait outside the hearing room/courtroom until the bailiff/sheriff's deputy announces the case.
- 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).
- The Judge will ask the Clerk of the Court to announce the case and then will ask how you want to proceed.
- Briefly explain that you wish to be appointed as the Guardian Advocate for the Protected Person/Ward.
- The Judge will ask some questions about the documents filed, specifically regarding the **Petition For Appointment Of Guardian Advocate Of The Person** form.
- The Judge will then ask the Attorney/Elisor some questions.
- If the Judge is going to grant the request, then 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.
- If there is information missing, or the Judge needs something further, they will explain any remaining requirements.

### Post-Hearing

- Thank the Judge and exit the courtroom.
- 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).
- Although some counties may accept credit/debit cards, be prepared to **pay in cash** for the certified copies from the Clerk.
- Get multiple copies of the Orders/Letters because they may be needed for schools, primary care doctor, etc.

## STEP NINE

- The Initial Plan: **must be filed within 60 days** from the date of appointment as Guardian Advocate. The Initial Plan and Order Approving the Initial Plan, must be submitted within 60 days of the Judge's date of appointment.
- 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 "A Cheat Sheet" handout for information about where to sign up for the class.

## STEP TEN

- **Every year**, an "Annual Guardian Advocacy Plan of Guardian Advocate of Person," an updated "Physician's Note," and an "Order Approving the Annual Plan" must be filed. These must be filed with the Clerk of Court, **not more than 90 days** after the last day of the anniversary month of your appointment (see annual accounting and plan dates chart).
- Stay vigilant and know what resources are available. If there are concerns about the Protected Person/Ward's credit and someone is trying to take advantage of them, consider freezing their credit through the credit reporting agencies (Equifax, Experian, and TransUnion).

## Checklist/Recap of the Steps

### Pre-Hearing

I have completed all necessary paperwork and followed the Step by Step Guide

I have filed paperwork with the Clerk of Court for my county

I have mailed copies to all next of kin and get signed consent forms

I have contacted and met with the Attorney/Elisor

I have set up a hearing with the Judge's Judicial Assistant, and coordinated the hearing with the Attorney/Elisor

### Hearing

I have attended the hearing in the Judge's chambers/hearing room/courtroom

### Post Hearing

I have filed the Initial Plan with the Court within 60 days of the initial Order

I have taken the Guardianship class with four months of my appointment date and filed my certificate with the Court

I have filed an Annual Plan with the Court each year within 90 days after the anniversary date of appointment (this repeats every year)

## FLORIDA COURTS E-FILING PORTAL ACCESS INSTRUCTIONS

[www.myflcourtaccess.com](http://www.myflcourtaccess.com)

- Registration: When selecting a Role to register, select "Self – Represented Litigant."
- Once registered and logged in, select "I have my documents prepared and I'm ready to E-file."
- You will be given the option to "Select a Filing Jurisdiction" on the Trial Court level. Select the "Case Initiation" bubble and find your county in the drop-down menu.
- Under the "Division" drop-down, select "Probate."
- Under the "Case Type" drop-down, select "Guardianship."
- Select the appropriate "Sub Type."
- Input the appropriate information and continue to follow the on-screen instructions.

## **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.

**Elisor:** The Court shall appoint an attorney for each alleged incapacitated person. The alleged incapacitated person may substitute her or his own attorney for the attorney appointed by the Court. Notice and copies of the Petition to Determine Incapacity and Petition for Appointment of Guardian shall be personally served by the Court appointed Elisor. The Elisor must read the notice to the alleged incapacitated person but not the petitions.

**Estate:** All property of a ward subject to administration including 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 Court can declare said person indigent and may waive court filing and other fees related to legal matters.

**Next of Kin:** Those persons who would be heirs at law of the ward or alleged incapacitated person if the person were deceased and includes the lineal descendants of the ward or alleged incapacitated person.

**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.

**Standby Guardian Advocate:** A person empowered to assume the duties of guardianship upon the death or adjudication of incapacity of the last surviving natural or appointed guardian.

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

# Pre-Hearing Forms

IN THE CIRCUIT COURT FOR \_\_\_\_\_

COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF \_\_\_\_\_

File No. \_\_\_\_\_  
Division Probate

**Respondent,**  
**Person with Developmental Disability**

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

Petitioner, \_\_\_\_\_, files this petition pursuant to section 393.12, Florida Statutes, and Florida Probate Rule 5.649 and alleges that:

1. The petitioner, proposed guardian advocate (name) \_\_\_\_\_, is \_\_\_\_\_ years of age, whose residential address is \_\_\_\_\_ and post office address is \_\_\_\_\_. The relationship of the petitioner to the respondent is \_\_\_\_\_.
2. (Respondent's name) \_\_\_\_\_ 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 respondent is \_\_\_\_\_ and the post office address is \_\_\_\_\_.
3. The petitioner believes that respondent needs a guardian advocate:

- a. due to the following developmental disability:
  - ( ) i. intellectual disability;
  - ( ) ii cerebral palsy;
  - ( ) iii autism
  - ( ) iv. spina bifida;
  - ( ) v. Down syndrome;
  - ( ) vi. Phelan-McDermid syndrome; or
  - ( ) vii. Prader-Willi syndrome,

which manifested prior to the age of 18.

b. The developmental disability has resulted in the following substantial handicaps: \_\_\_\_\_

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4. The powers and duties delegated to the Co-Guardian Advocates are:

- to apply for government benefits;
- to contract;
- to sue and defend lawsuits;
- to manage property or to make any gift or disposition of property;
- to determine his residency and to consent to residential placement;
- to consent to medical, dental, and mental health treatment;
- to make decisions about his social environment;
- to make decisions regarding education, educational, and vocational rehabilitation entitlements.

Rights that may be removed but may not be delegated to the Co-Guardian Advocates:

- to marry;
- to travel;
- to vote;
- to have a driver's license; and
- to seek or retain employment.

5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, known to petitioner that would sufficiently address the problems of the respondent in whole or in part. Thus, it is necessary that a guardian advocate be appointed to exercise some but not all of the rights of respondent.

6. The names and addresses of the next of kin of the respondent are:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. The proposed guardian advocate (name) \_\_\_\_\_, whose residence address is \_\_\_\_\_ and whose post office address is \_\_\_\_\_;

is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. The proposed guardian advocate is not a professional guardian. The relationship of the proposed guardian advocate with the providers of health care services, residential services, or other services to the respondent is (if none, indicate: NONE): \_\_\_\_\_

8. The petitioner(s) allege(s) that to their knowledge, information, and belief, respondent \_\_\_\_\_ has or \_\_\_\_\_ has NOT executed an advance directive under chapter 765, Florida Statutes, (designated health care surrogate or other advance directive) or a durable power of attorney under chapter 709, Florida Statutes.

9. *(If a Co-Guardian Advocate sought, complete this paragraph.)* Petitioner requests that \_\_\_\_\_ be appointed co-guardian advocate of the person of respondent. The proposed co-guardian advocate (name) \_\_\_\_\_, who is \_\_\_\_\_ years of age, whose residence is \_\_\_\_\_; whose post office address is \_\_\_\_\_; is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. 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 respondent is (if none, indicate: NONE): \_\_\_\_\_

The relationship and previous association of the proposed co-guardian advocate to the respondent is \_\_\_\_\_. The proposed co-guardian advocate should be appointed

because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
Proposed Guardian Advocate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_  
Proposed Co-Guardian Advocate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY, FLORIDA  
PROBATE DIVISION**

**IN RE: GUARDIAN ADVOCACY OF**

**File No. \_\_\_\_\_**  
**Division Probate**

**Respondent,  
Person with Developmental Disability**

**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 following requirements:

1. Submit to a criminal history background screening done via a digital live scan fingerprint process and
2. Complete a 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
3. Attend the Guardian Education Course given by 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 \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
Proposed Guardian Advocate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**IN THE CIRCUIT COURT FOR \_\_\_\_\_**

**COUNTY, FLORIDA  
PROBATE DIVISION**

**IN RE: GUARDIAN ADVOCACY OF**

**File No. \_\_\_\_\_**  
**Division Probate**

**Respondent,  
Person with Developmental Disability**

**APPLICATION FOR APPOINTMENT AS GUARDIAN/ CO-GUARDIAN ADVOCATE**

Pursuant to Florida Statutes Section 744.3125, the undersigned submits this Application for Appointment as Guardian/Co-Guardian Advocate of \_\_\_\_\_ (the Respondent) 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 Ward, list the name of each adult Ward and the initials of each 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.

9. Does applicant have any physical disabilities? \_\_\_\_\_ If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian: \_\_\_\_\_.

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

- a. Mental condition? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Drugs? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Other? Yes \_\_\_\_\_ No \_\_\_\_\_

Nature of condition and summary of treatment: \_\_\_\_\_  
\_\_\_\_\_.

11. Has applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined by the Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_

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? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please give date and complete details: \_\_\_\_\_.

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? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please furnish details including date, type of offense, location and final disposition:

Date \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Location: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

15. Has applicant ever been charged with, arrested for or convicted of any other crimes? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please furnish details including date, type of offense, location and final disposition:

Date: \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Location: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

16. Has applicant ever held a position which required bonding? (this is an insurance bond, not a criminal bond) Yes \_\_\_\_ No \_\_\_\_\_. If yes, please describe position, date, amount of bond and name of surety:

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Bond: \$ \_\_\_\_\_

Name of Surety: \_\_\_\_\_

17. Has applicant ever served as Guardian of a person or of a person's property? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please describe below, including reason for termination of fiduciary position: \_\_\_\_\_

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

Yes \_\_\_\_ No \_\_\_\_\_. If yes, please describe:

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19. Has applicant ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please state date and location of court:

Date: \_\_\_\_\_

Location: \_\_\_\_\_

20. What is applicant's relationship to the Respondent? \_\_\_\_\_

21. Is applicant, or applicant's corporation or other business entity a creditor of, or providing professional, personal or business services to the Respondent? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please furnish details: \_\_\_\_\_

22. Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the Respondent? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please furnish details: \_\_\_\_\_

23. Is applicant a health care provider for the Respondent? Yes \_\_\_\_ No \_\_\_\_\_. \_\_\_\_\_

24. Educational history of applicant:

Name and COMPLETE address of Educational Institution      Degree (Y/N)      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:

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

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28. Has applicant received instruction and training which covered the legal duties and responsibilities of a Guardian/Guardian Advocate? Yes  No  . If so, please describe and indicate when and where training was received:

When: \_\_\_\_\_

Where: \_\_\_\_\_

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 \_\_\_\_\_ 20 \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Proposed Guardian Advocate

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

IN THE CIRCUIT COURT FOR \_\_\_\_\_

COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF \_\_\_\_\_

File No. \_\_\_\_\_  
Division Probate

**Respondent,**  
**Person with Developmental Disability**

**OATH OF GUARDIAN/CO-GUARDIAN ADVOCATE DESIGNATION OF RESIDENT  
AGENT AND ACCEPTANCE**

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

I, \_\_\_\_\_, Affiant, state under oath that:

1. I will faithfully perform the duties of Guardian Advocate of the Person of the Respondent 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 and subscribed before me by means of physical presence on \_\_\_\_\_, 20\_\_\_\_ by Affiant, who is personally known to me or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public State of Florida  
My Commission Expires:

(Affix Notarial Seal)

**IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY, FLORIDA  
IN RE: GUARDIAN ADVOCACY OF PROBATE DIVISION**

**Respondent,  
Person with Developmental Disability**

**File No. \_\_\_\_\_  
Division Probate**

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

Petitioner(s) \_\_\_\_\_, who are seeking appointment as the Guardian/(Co-)Guardian Advocate(s) of the Respondent, a person with a developmental disability, file(s) this petition pursuant to section 393.12, Florida Statutes and Rule 5.649, Fla. Prob. R., and allege(s):

1. The Petitioner/proposed Guardian Advocate is \_\_\_\_\_, who is \_\_\_\_\_ years of age, whose residence is \_\_\_\_\_, and post office address is \_\_\_\_\_. The relationship between the Petitioner/proposed Guardian Advocate and the Respondent, the person with a developmental disability, is (mother/father/sister/friend, etc.) \_\_\_\_\_.
2. (If NO Co-Guardian Advocate sought, leave this paragraph blank) The Petitioner/proposed Co-Guardian Advocate is \_\_\_\_\_, who is \_\_\_\_\_ years of age, whose residence is \_\_\_\_\_, and post office address is \_\_\_\_\_. The relationship between the Petitioner/proposed Co-Guardian Advocate and the Respondent, is (mother/father/sister/friend, etc.) \_\_\_\_\_.
3. The Respondent was born on \_\_\_\_\_, and is \_\_\_\_\_ years of age, and resides in \_\_\_\_\_ County, Florida. The residence of the Respondent is \_\_\_\_\_, and the Respondent's post office address is \_\_\_\_\_.

4. The Petitioner(s)/proposed (Co-)Guardian Advocate(s) believe(s) the Respondent is in need of a (Co-)Guardian Advocate(s) due to a developmental disability, which manifested prior to

the age of eighteen (18). The legal disability to which the Respondent is subject is (intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome): \_\_\_\_\_.

5. This developmental disability has resulted in the following substantial handicaps:

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6. Pursuant to Florida Probate Rule 5.649(a)(4), the exact areas the Respondent lacks the ability to make informed decisions about care and treatment services or to meet the essential requirements for physical health or safety and to manage certain aspects of financial resources that should be delegated to a (Co-)Guardian Advocate are:

- to apply for government benefits;**
- to determine residency and consent to residential placement;**
- to consent to medical, dental and mental health treatment;**
- to make decisions about social environment/social aspects of life; and**
- to make decisions regarding education, and educational and vocational rehabilitation entitlements.**

(2) Rights that may be removed from a person by an order determining incapacity but not delegated to a guardian include the right:

(a) To marry. If the right to enter into a contract has been removed, the right to marry is subject to court approval.

(b) To vote.

(c) To personally apply for government benefits.

(d) To have a driver license.

(e) To travel.

(f) To seek or retain employment.

(3) Rights that may be removed from a person by an order determining incapacity and which may be delegated to the guardian include the right:

(a) To contract.

(b) To sue and defend lawsuits.

(c) To apply for government benefits.

(d) To manage property or to make any gift or disposition of property.

(e) To determine his or her residence.

(f) To consent to medical and mental health treatment.

(g) To make decisions about his or her social environment or other social aspects of his or her life.

7. There are no alternatives to Guardian Advocacy such as trust agreements, powers of attorney, designations of health care surrogate, or other advanced directives, known to the Petitioner(s)/proposed (Co-)Guardian Advocate(s) that would sufficiently address the issues of the

Respondent in whole or in part. Thus, it is necessary that a (Co-)Guardian Advocate(s) be appointed to exercise some but not all of the rights of the Respondent.

8. The names and addresses of the next of kin of the Respondent are:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. The proposed Guardian Advocate, \_\_\_\_\_, whose residence is \_\_\_\_\_, and post office address is \_\_\_\_\_, is over the age of 18 and otherwise qualified under the laws of Florida to act as Guardian Advocate of the Person of the Respondent. The proposed Guardian Advocate is not a professional guardian. The relationship of the proposed Guardian Advocate with the providers of health care services, residential services, or other services to the Respondent is (if you are paid to perform any services for the Respondent, list those here; if none, indicate NONE): \_\_\_\_\_. The proposed Guardian Advocate should be appointed because \_\_\_\_\_.

10. (If NO Co-Guardian Advocate sought, leave this paragraph blank) The proposed Co-Guardian Advocate, \_\_\_\_\_, whose residence is \_\_\_\_\_, and post office address is \_\_\_\_\_, is over the age of 18 and otherwise qualified under the laws of Florida to act as Co-Guardian Advocate of the Person of the Respondent. 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 Respondent (if you are paid to perform any services for the Respondent, list those here; if none, indicate NONE): \_\_\_\_\_. The

proposed Co-Guardian Advocate should be appointed because \_\_\_\_\_.

11. A Standby Guardian Advocate should be appointed so that in the event the court-appointed Guardian Advocate is unable to serve, the Standby Guardian Advocate is prepared to petition for confirmation by the court and to ensure the safety and well-being of the Respondent.

12. (If a Standby Guardian Advocate is sought fill this out, otherwise leave this paragraph blank) The proposed STANDBY Guardian Advocate, \_\_\_\_\_, whose residence is \_\_\_\_\_, and post office address is \_\_\_\_\_, is over the age of 18 and otherwise qualified under the laws of Florida to act as Standby Guardian Advocate of the person of the Respondent. The proposed Standby Guardian Advocate is not a professional guardian. The relationship between the proposed Standby Guardian Advocate and the Respondent is \_\_\_\_\_. The proposed Standby Guardian Advocate should be appointed because \_\_\_\_\_.

13. The Petitioner/proposed Guardian/(Co-)Guardian Advocate(s) allege(s) that to their knowledge, information, and belief, the Respondent has NOT executed an advance directive under chapter 765, Florida Statutes, a durable power of attorney under chapter 709, Florida Statutes, or a preneed guardian designation.

The Petitioner (s)/proposed Guardian/(Co-)Guardian Advocate(s) request(s) that \_\_\_\_\_ and \_\_\_\_\_ be appointed (Co-)Guardian Advocate(s) of the Person of the Respondent, and if applicable \_\_\_\_\_ be appointed as Standby Guardian Advocate.

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 \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
Proposed Guardian Advocate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Proposed Co-Guardian Advocate, if any

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Proposed Standby Guardian Advocate

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**IN THE CIRCUIT COURT FOR \_\_\_\_\_**

**IN RE: GUARDIAN ADVOCACY OF**

**File No. \_\_\_\_\_**  
**Division Probate**

**Respondent,**  
**Person with Developmental Disability**

**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.

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\_\_\_\_\_  
Notary Public State of Florida

(Affix Notarial Seal)

IN THE CIRCUIT COURT FOR \_\_\_\_\_

COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF \_\_\_\_\_

File No. \_\_\_\_\_  
Division Probate

**Respondent,**  
**Person with Developmental Disability**

### 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")  
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.

Second Job Yes \$ \_\_\_\_\_ No \_\_\_\_\_ Veterans' benefits Yes \$ \_\_\_\_\_ No \_\_\_\_\_

Social Security benefits	Yes \$ _____	No	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

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

Cash	Yes \$ _____	No	Savings accounts	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 \_\_\_\_\_

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

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

**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  
IN RE: GUARDIANSHIP OF PROBATE DIVISION**

**File No. \_\_\_\_\_  
Division Probate**

**Respondent,  
Person with Developmental Disability**

**PHYSICIAN'S NOTE**  
(Required by section 744.3675, Florida Statutes)

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

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2. Patient (Respondent) name: \_\_\_\_\_

3. Date of examination: \_\_\_\_\_

4. Purpose of examination: \_\_\_\_\_

a. Regular checkup: \_\_\_\_\_

b. Treatment for: \_\_\_\_\_

5. Nature of protected person/ward's developmental disability: (Specify mental and physical condition at time of examination) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Description of ward's capacity to live independently: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The ward \_\_\_\_\_ does \_\_\_\_\_ does not continue to need assistance of a guardian.

8. Is the ward capable of being restored to capacity at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any rights that can be restored at this time? Check any rights that can be restored:

- a. to marry;
- b. to vote;
- c. to personally apply for government benefits;
- d. to have a driver license;
- e. to travel;
- f. to seek or retain employment;
- g. to contract;
- h. to sue and defend lawsuits;
- i. to apply for government benefits;
- j. to manage property or to make any gift or disposition of property;
- k. to determine his or her residence;
- l. to consent to medical and mental health treatment; or
- m. to make decisions about his or her social environment or other social aspects of his or her life.

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Physician's Signature

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Date signed

**IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY, FLORIDA  
IN RE: GUARDIAN ADVOCACY OF PROBATE DIVISION**

**Respondent,  
Person with Developmental Disability**

**File No. \_\_\_\_\_  
Division Probate**

**NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING**

**(Attending Physician's Note 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'S NOTE**, and:

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

**ENTIRE DOCUMENT-MEDICAL REPORT.**

Signed on \_\_\_\_\_, 20 \_\_\_\_.

Signature: \_\_\_\_\_  
Proposed Standby Guardian Advocate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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  
IN RE: GUARDIANSHIP OF PROBATE DIVISION**

**Respondent,  
Person with Developmental Disability**

**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 Guardian Advocate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**IN THE CIRCUIT COURT FOR \_\_\_\_\_**

**COUNTY, FLORIDA  
PROBATE DIVISION**

**IN RE: GUARDIAN ADVOCACY OF**

**File No. \_\_\_\_\_  
Division Probate**

**Respondent,  
Person with Developmental Disability**

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**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 on \_\_\_\_\_, 20 \_\_\_\_.

Signature: \_\_\_\_\_  
Proposed Guardian Advocate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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  
IN RE: GUARDIAN ADVOCACY OF PROBATE DIVISION**

**File No. \_\_\_\_\_  
Division Probate**

**Respondent,  
Person with Developmental Disability**

**FORMAL NOTICE**

List the complete names and complete addresses of the next of kin (spouse, children and parents of the Respondent; if none, then list all siblings).

Formal Notice is to be sent by certified mail, return receipt requested.

**Complete Name**

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**Complete Address**

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**YOU ARE HEREBY NOTIFIED that a Petition for Appointment of Guardian/Co-Guardian Advocate(s) of the Person and Standby Guardian Advocate has been filed in this court, a true copy of which accompanies this notice.**

You are required to serve written defenses on the undersigned within twenty (20) days

after service of this notice, exclusive of the day of service, and to file the original of the written defenses with the clerk of the above court either before service or immediately thereafter.

Failure to serve and file written defenses as required may result in a judgment or order for the relief demanded in the pleading or motion, without further notice.

Signed this    day of   , 20   .

**Signature:** \_\_\_\_\_  
**Proposed Guardian Advocate**  
**Printed Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Proposed Co-Guardian Advocate, if any**  
**Printed Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**IN THE CIRCUIT COURT FOR** \_\_\_\_\_

**COUNTY, FLORIDA**  
**PROBATE DIVISION**

**IN RE: GUARDIAN ADVOCACY OF**

**File No.** \_\_\_\_\_  
**Division Probate**

**Respondent,**  
**Person with Developmental Disability**

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

THIS CAUSE having come before the court on the Petition for Appointment of  
Guardian/Co-Guardian Advocate(s) of the Person and Standby Guardian Advocate, to determine  
whether a Guardian/Co-Guardian Advocate should be appointed for the Respondent,

\_\_\_\_\_, whose age is \_\_\_\_\_ and whose address is  
\_\_\_\_\_.

It is hereby

ADJUDGED as follows:

1. \_\_\_\_\_, a member of the Florida Bar, whose office address is \_\_\_\_\_, \_\_\_\_\_ and whose telephone number is \_\_\_\_\_, is hereby appointed Attorney/Elisor for the Respondent to represent that person in all proceedings involving the Petition for Appointment of Guardian/Co-Guardian Advocate(s) of the Person and Standby Guardian Advocate and, if a Guardian Advocate is appointed, to review the initial guardianship report and represent the Respondent during any objections thereto. This appointment may be terminated, subject to approval by order of this Court, if the Respondent substitutes his/her own attorney for the attorney hereby appointed.

2. The Attorney/Elisor is appointed as Elisor to serve on and read to the Respondent the Petition for Appointment of Guardian Advocate/Co-Guardian Advocate of the Person and Petition to Appoint Standby Guardian Advocate if applicable, and all other required pleadings.

3. All persons having custody, control, or access to the person or property of the Respondent, 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 Respondent immediately available to that attorney for private consultation, inspection, and study.

DONE AND ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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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**

**Respondent,  
Person with Developmental Disability**

**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) of the Person and Standby Guardian Advocate 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)

**Complete Name**

**Complete Address**

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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]*

**Signature:** \_\_\_\_\_

## **Proposed Guardian Advocate**

**Printed Name:**

### Address:

**Phone Number:**

Email:

**Signature:** \_\_\_\_\_

## **Proposed Co-Guardian Advocate, if any**

**Printed Name:**

### Address:

**Phone Number:**

Email:

**IN THE CIRCUIT COURT FOR**

# COUNTY, FLORIDA PROBATE DIVISION

**IN RE: GUARDIAN ADVOCACY OF**

## **Respondent, Person with Developmental Disability**

## 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 Honorable \_\_\_\_\_, 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Proposed Co-Guardian Advocate

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Proposed Co-Guardian Advocate

Name: \_\_\_\_\_

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

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

**Respondent,**  
**Person with Developmental Disability**

**CONSENT AND WAIVER OF NOTICE**

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

The undersigned, whose complete name and complete address is:

\_\_\_\_\_,  
and who has an interest in the above Guardian Advocacy as the next of kin  
(brother/sister/parent/child) \_\_\_\_\_ of the Respondent, acknowledges receipt of a  
copy of the **Petition for Appointment of Guardian/Co-Guardian Advocate(s) of the Person**  
**and Standby Guardian Advocate** and **Formal Notice**, and hereby waives service of the  
pleadings, hearing and notice of hearing thereon, and consents entry of an order granting the  
relief requested in the Petition without notice or hearing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sworn and subscribed before me by means of physical presence on  
\_\_\_\_\_, 20\_\_\_\_\_, by Affiant, who is personally known to me or produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public State of Florida  
My Commission Expires:  
(Affix Notarial Seal)

# Hearing

# Forms

IN THE CIRCUIT COURT FOR \_\_\_\_\_

COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: GUARDIANSHIP OF \_\_\_\_\_

File No. \_\_\_\_\_  
Division Probate

Respondent's Name \_\_\_\_\_

**ORDER APPOINTING GUARDIAN ADVOCATE**

Upon consideration of the petition for the appointment of guardian advocate of the person, the court finds that (respondent's name) \_\_\_\_\_ has a developmental disability of a nature that requires the appointment of guardian advocate of the person based upon the following findings of fact and conclusions of law:

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 number 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 Co-Guardian Advocates are:

- ( ) to apply for government benefits;
- ( ) to contract;
- ( ) to sue and defend lawsuits;
- ( ) to manage property or to make any gift or disposition of property;
- ( ) to determine his residency and to consent to residential placement;
- ( ) to consent to medical, dental, and mental health treatment;
- ( ) to make decisions about his social environment;

to make decisions regarding education, educational, and vocational rehabilitation entitlements.

Rights that may be removed but may not be delegated to the Co-Guardian Advocates:

to marry;  
 to travel;  
 to vote;  
 to have a driver's license; and  
 to seek or retain employment.

5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, known to petitioner that would sufficiently address the problems of the respondent in whole or in part. Thus, it is necessary that a guardian advocate be appointed to exercise some but not all of the rights of respondent.

6. Without first obtaining specific authority from the court, as stated in section 744.3725, Florida Statutes, the guardian advocate may not 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.

**ORDERED AND ADJUDGED:**

1. (Name) \_\_\_\_\_ is qualified to serve as guardian advocate and is hereby appointed as guardian advocate of the person of (respondent's name) \_\_\_\_\_

2. The guardian advocate shall exercise only the rights that the court has found the disabled person incapable of exercising on his or her own behalf, as outlined herein above. Said rights are specifically delegated to the guardian advocate.

ORDERED this \_\_\_\_\_, 20\_\_\_\_\_.  

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Judge

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

\_\_\_\_\_  
**Respondent's Name**  
**Person with Developmental Disability**

**File No.** \_\_\_\_\_  
Division Probate

**LETTERS OF GUARDIAN ADVOCATE (CO-GUARDIAN ADVOCATES) OF THE PERSON**

TO ALL WHOM IT MAY CONCERN:

WHEREAS, (guardian advocate's name(s)) \_\_\_\_\_ has/have been appointed guardian advocate(s) of the person of (the ward) \_\_\_\_\_, 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

NOW, THEREFORE, I, the undersigned, declare that (guardian advocate's name(s)) \_\_\_\_\_ is/are duly qualified under the laws of the State of Florida to act as guardian advocate of the person of (the ward) \_\_\_\_\_, with full power to exercise the following powers and duties on behalf of the person with a developmental disability:

- 1. to apply for government benefits;
- 2. to determine residency;
- 3. to consent to medical and mental health treatment; and
- 4. to make decisions about social environment and social aspects of life; and
- 5. to make decisions regarding education.

Without first obtaining specific authority from the court, pursuant to sections 744.3215(4) and 744.3725, Florida Statutes, the guardian advocate (co-guardian advocates) may not:

- a. commit the respondent 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 respondent in any experimental biomedical or behavior procedure, exam, study, or research;
- c. consent to the performance of sterilization or abortion procedure on the respondent;
- d. consent to termination of life support systems provided for the respondent;
- e. initiate a petition for dissolution of marriage for the ward; or
- f. exercise any authority over any health care surrogate appointment by a valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this court.

The respondent shall retain all legal rights except those that are specifically granted to the guardian advocate (co-guardian advocates) pursuant to court order.

ORDERED this \_\_\_\_\_, 20\_\_\_\_\_.  

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Judge

IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY, FLORIDA  
IN RE: GUARDIANSHIP OF PROBATE DIVISION

\_\_\_\_\_  
**Respondent,  
Person with Developmental Disability**

File No. \_\_\_\_\_  
**Division Probate**

**ORDER APPOINTING STANDBY GUARDIAN ADVOCATE OF THE PERSON**  
THIS CAUSE having come before the court 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 AS FOLLOWS:**

1. It is necessary and appropriate for the protection and well-being of the Respondent that a Standby Guardian Advocate to be appointed to assume the duties of the Guardian Advocate(s) upon their death, adjudication of incapacity, or resignation as Guardian Advocate(s).
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 or she has taken and filed the prescribed oath, submitted to the required background vetting procedure and has been confirmed as Guardian Advocate by the court with the entry of an Order Appointing Guardian Advocate and Letters of Guardian Advocate.

**ORDERED** on \_\_\_\_\_, 20 \_\_\_\_.

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Circuit Judge

# **Post-Hearing**

# **Forms**

IN THE CIRCUIT COURT FOR \_\_\_\_\_

COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: GUARDIANSHIP OF \_\_\_\_\_

File No. \_\_\_\_\_  
Division Probate

**Respondent,**  
**Person with Developmental Disability**

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

\_\_\_\_\_, the Guardian/Co-Guardian Advocate(s) of the person of the Respondent, submit(s) the following plan as the Initial Guardianship Report of the Guardian/Co-Guardian Advocate(s):

1. The Respondent's address at the time of the filing of this plan is:

\_\_\_\_\_.

2. During the period beginning \_\_\_\_\_ (the date the Letters of Guardian/Co-Guardian Advocate(s) of the Person were signed), and ending \_\_\_\_\_ (the last day of the month of the anniversary month of your appointment one year later), the Guardian Advocate(s) propose(s) the following plan for the benefit of the Respondent.

a. Medical, mental or personal care services to be provided for the welfare of the Respondent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

b. Social and personal services to be provided for the welfare of the Respondent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

c. Place and kind of residential setting best suited for the needs of the Respondent:

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

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e. Physical and mental examinations necessary to determine the Respondent'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 Persons Performing Examination</u>	<u>Date of Examination</u>
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f. The following preexisting orders not to resuscitate executed under Fla. Stat. § 401.45(3) and preexisting advance directives, as defined in Fla. Stat. § 765.101, have been identified and located: \_\_\_\_\_

The following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

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<u>Date of Order/Directive</u>	<u>Description of Order/Directive</u>	<u>Suspended by Court?</u>

3. The Guardian/Co-Guardian Advocate(s) has/have consulted with the Respondent

and, to the extent reasonable, honored the Respondent's wishes consistent with the rights retained by the Respondent under the plan.

4. To the maximum extent reasonable, the plan is in accordance with the wishes of the Respondent.

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

Under penalties of perjury, I/we 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 \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_  
 Guardian/Co-Guardian Advocate  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Guardian/Co-Guardian Advocate  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Certificate of Service**

(A certificate of service as required by Florida Rule of Judicial Administration 2.516 must be included if Respondent is over the age of 14 and is not totally incapacitated)

I hereby certify that on \_\_\_\_\_, 20\_\_\_\_, the foregoing document has been furnished by:

email delivery, or

U.S. mail delivery, or

fax delivery,

to: Name, address, email, fax number of recipients:

Signature: \_\_\_\_\_

Guardian Advocate

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

IN THE CIRCUIT COURT FOR \_\_\_\_\_

COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: GUARDIANSHIP OF \_\_\_\_\_

File No. \_\_\_\_\_  
Division Probate

**Respondent,**  
**Person with Developmental Disability**

**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 \_\_\_\_\_.

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Circuit Judge

**IN THE CIRCUIT COURT FOR \_\_\_\_\_**

**COUNTY, FLORIDA  
PROBATE DIVISION**

**IN RE: GUARDIANSHIP OF**

**File No. \_\_\_\_\_  
Division Probate**

**Respondent,  
Person with Developmental Disability**

**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 \_\_\_\_.

\_\_\_\_\_  
Signature \_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Name \_\_\_\_\_

IN THE CIRCUIT COURT FOR \_\_\_\_\_

COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: GUARDIANSHIP OF \_\_\_\_\_

File No. \_\_\_\_\_  
Division Probate

**Respondent,**  
**Person with Developmental Disability**

**ANNUAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT) OF  
GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF PERSON**

\_\_\_\_\_, the Guardian/Co-Guardian Advocate(s) of the Person of  
\_\_\_\_\_(the Respondent), and submits the following plan as the Annual  
Guardianship Report.

The Annual Guardian Advocacy Plan for the period beginning \_\_\_\_\_, and ending  
\_\_\_\_\_, shall be as follows:

1. The Respondent's address at the time of filing the plan is  
\_\_\_\_\_.

The Respondent's residence is (group home, assisted living, live with parents, Respondent's  
private residence, other: please specify): \_\_\_\_\_.

2. During the preceding year (prior 12 months), the Respondent was maintained at (include  
dates, names, addresses and length of stay at each place):

Location	Dates	Length of Stay
_____	_____	_____
_____	_____	_____

3. The current residential setting (is or is not) \_\_\_\_\_ best suited for the current needs of  
the Ward.

4. Plans for ensuring that the Respondent is in the best residential setting to meet the  
Respondent's needs during the coming year (next twelve months) are as follows:

5. The following is a description of the Respondent's medical, mental health and rehabilitation needs: \_\_\_\_\_.

6. The following preexisting orders not to resuscitate executed under Fla. Stat. § 401.45(3) and preexisting advance directives, as defined in Fla. Stat. § 765.101, have been identified and located:

<b>Date of Order/Directive</b>	<b>Description of Order/Directive</b>	<b>Suspended by Court?</b>
_____	_____	_____
_____	_____	_____

If none, the following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

\_\_\_\_\_

7. The following is a description of professional medical treatment given to the Respondent during the preceding year:

<b>Name of Physician</b>	<b>Treatment</b>	<b>Date</b>
_____	_____	_____
_____	_____	_____

8. Attached is a report of a physician who examined the Respondent no more than ninety (90) days before the beginning of the report period, containing an evaluation of the Respondent's condition and a statement of the current level of capacity of the Respondent.

9. The plan for providing medical, mental health and rehabilitative services in the coming year (next twelve months) is as follows: \_\_\_\_\_.

10. The following information is submitted concerning the social condition of the Ward:

a. The social and personal services currently used by the Respondent are as follows:

<b>Name and address</b>	<b>Services rendered</b>
_____	_____
_____	_____

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

\_\_\_\_\_.

11. The following is a summary of activities during the preceding year that were designed to enhance the capacity of the Respondent: \_\_\_\_\_.

12. The Respondent (is or is not) \_\_\_\_\_ now capable of having some or all of the Respondent's rights restored. If so, the rights (to marry, to vote, to travel, to have a driver's license, to seek or retain employment, to personally apply for government benefits, to contract, to sue and defend lawsuits, to manage property or to make any gift or disposition of property, to determine the Ward's residence, to consent to medical and mental health treatment, to make decisions about the Ward's social environment or other social aspects of the Ward's life OR list "NONE") that should be restored are identified as follows:

13. I/We (do or do not) \_\_\_\_\_ plan to seek the restoration of any rights to the Respondent.

14. This plan (has or has not) \_\_\_\_\_ been reviewed with the Respondent to the extent possible.

15. The Guardian/Co-Guardian Advocate(s) has/have received the following remuneration for services rendered to or on behalf of the Ward (if none, list "NONE.":

Description	Amount

Under penalties of perjury, I/we 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 Guardian Advocate  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_  
Proposed Co-Guardian Advocate, if any  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Certificate of Service**

(A certificate of service as required by Florida Rule of Judicial Administration 2.516 must be included if Respondent is over the age of 14 and is not totally incapacitated.)

I hereby certify that on \_\_\_\_\_, 20\_\_\_\_, the foregoing document has been furnished by:

email delivery, or  
 U.S. mail delivery, or  
 fax delivery,

to: Name, address, email, fax number of recipients:

Signature: \_\_\_\_\_

Proposed Guardian Advocate

Printed Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**IN THE CIRCUIT COURT FOR \_\_\_\_\_**

**COUNTY, FLORIDA  
PROBATE DIVISION**

**IN RE: GUARDIANSHIP OF**

**Respondent,  
Person with Developmental Disability**

**PHYSICIAN'S REPORT**

(Required by section 744.3675, Florida Statutes)

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

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2. Patient (Respondent) name: \_\_\_\_\_

3. Date of examination: \_\_\_\_\_

4. Purpose of examination: \_\_\_\_\_

a. Regular checkup: \_\_\_\_\_

b. Treatment for: \_\_\_\_\_

5. Evaluation of ward's condition: (Specify mental and physical condition at time of examination) \_\_\_\_\_

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6. Description of ward's capacity to live independently: \_\_\_\_\_

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7. The ward \_\_\_\_\_ does \_\_\_\_\_ does not continue to need assistance of a guardian.

8. Is the ward capable of being restored to capacity at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any rights that can be restored at this time? Check any rights that can be restored:

- a. to marry;
- b. to vote;
- c. to personally apply for government benefits;
- d. to have a driver license;
- e. to travel;
- f. to seek or retain employment;
- g. to contract;
- h. to sue and defend lawsuits;
- i. to apply for government benefits;
- j. to manage property or to make any gift or disposition of property;
- k. to determine his or her residence;
- l. to consent to medical and mental health treatment; or
- m. to make decisions about his or her social environment or other social aspects of his or her life.

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Physician's Signature

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Date signed

**IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY, FLORIDA  
IN RE: GUARDIAN ADVOCACY OF PROBATE DIVISION**

File No. \_\_\_\_\_  
Division Probate

**Respondent,**  
**Person with Developmental Disability**

**NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING**

(To be filed with initial case filing)

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 on \_\_\_\_\_, 20 \_\_\_\_.

Signature: \_\_\_\_\_

Proposed Guardian Advocate

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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 \_\_\_\_\_**  
**IN RE: GUARDIANSHIP OF**

**COUNTY, FLORIDA  
PROBATE DIVISION**

**Respondent,  
Person with Developmental Disability**

**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\_\_\_\_.

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Circuit Judge