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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.myflcourtagency.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

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have completed all necessary paperwork and followed the Step by Step Guide |
| <input type="checkbox"/> | I have filed paperwork with the Clerk of Court for my county |
| <input type="checkbox"/> | I have mailed copies to all next of kin and get signed consent forms |
| <input type="checkbox"/> | I have contacted and met with the Attorney/Elisor |
| <input type="checkbox"/> | I have set up a hearing with the Judge's Judicial Assistant, and coordinated the hearing with the Attorney/Elisor |

Hearing

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have attended the hearing in the Judge's chambers/hearing room/courtroom |
|--------------------------|--|

Post Hearing

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have filed the Initial Plan with the Court within 60 days of the initial Order |
| <input type="checkbox"/> | I have taken the Guardianship class with four months of my appointment date and filed my certificate with the Court |
| <input type="checkbox"/> | 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.myflcourtagency.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: _____

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:

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:

| <u>Name and COMPLETE address of Educational Institution</u> | <u>Degree (Y/N)</u> | <u>Date</u> |
|---|---------------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

| <u>Name and COMPLETE Address of Employer</u> | <u>Dates Employed</u> | <u>Reason for Leaving</u> |
|--|---------------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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, please describe:

-
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
PROBATE DIVISION
IN RE: GUARDIAN ADVOCACY OF

File No. _____
Division Probate

Respondent,
Person with Developmental Disability

**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:

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.

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
PROBATE DIVISION
IN RE: GUARDIANSHIP OF

Respondent,
Person with Developmental Disability

File No. _____
Division Probate

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

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

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.

Physician's Signature

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
PROBATE DIVISION

IN RE: GUARDIANSHIP OF

File No. _____
Division Probate

Respondent,
Person with Developmental Disability

**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

Respondent,
Person with Developmental Disability

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 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
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

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

Complete Address

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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: _____

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

Phone Number: _____
Email 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____.

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

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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 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

File No. _____
Division Probate

**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____.

Judge

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

File No. _____
Division Probate

Respondent's Name
Person with Developmental Disability

**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____.

Judge

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

File No. _____
Division Probate

Respondent,
Person with Developmental Disability

ORDER APPOINTING STANDBY GUARDIAN ADVOCATE OF THE PERSON
THIS CAUSE having coming 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____.

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:

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:

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> |
|----------------------------|---|----------------------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

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:

| <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 _____.

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_____.

Name _____
Signature

Name _____
Signature

IN THE CIRCUIT COURT FOR _____
IN RE: GUARDIANSHIP OF _____

COUNTY, FLORIDA
PROBATE DIVISION

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:

| Date of Order/Directive | Description of Order/Directive | Suspended by Court? |
|------------------------------------|---------------------------------------|--------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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:

| Name of Physician | Treatment | Date |
|--------------------------|------------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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:

| Name and address | Services rendered |
|------------------|-------------------|
| _____ _____ | _____ _____ |

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

_____.

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

_____.

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: _____
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

File No. _____
Division Probate

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

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) _____

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.

Physician's Signature

Date signed

IN THE CIRCUIT COURT FOR _____

**COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: GUARDIAN ADVOCACY OF

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 _____

**COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: GUARDIANSHIP OF

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____.

Circuit Judge