

Presented by:

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Disclaimer: This packet is intended for educational purposes only and does not constitute legal advice. Catherine Davey is not acting as your attorney and does not represent you in any legal capacity.

GLOSSARY

- **STEP-BY-STEP GUIDE TO GUARDIAN/CO-GUARDIAN ADVOCACY**
- **PRE-APPOINTMENT FORMS**
- PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE OF THE PERSON
- PETITION FOR APPOINTMENT OF GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF THE PERSON AND STANDBY GUARDIAN ADVOCATE
- GUARDIAN/CO-GUARDIAN ADVOCATE(S) EDUCATION AND BACKGROUND CHECK REQUIREMENTS
- APPLICATION FOR APPOINTMENT AS GUARDIAN/ CO-GUARDIAN ADVOCATE
- OATH OF GUARDIAN/CO-GUARDIAN ADVOCATE DESIGNATION OF RESIDENT
- AGENT AND ACCEPTANCE
- APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS
- REPORT OF ATTENDING PHYSICIAN
- NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING
- NOTICE OF FILING CREDIT REPORT FOR PROPOSED GUARDIAN/CO-GUARDIAN ADVOCATE
- NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING (CREDIT
- REPORT)
- CONSENT AND WAIVER OF NOTICE
- ORDER APPOINTING GUARDIAN ADVOCATE
- LETTERS OF GUARDIAN ADVOCATE (CO-GUARDIAN ADVOCATES) OF THE PERSON
- INITIAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT) OF GUARDIAN ADVOCATE(S) OF THE PERSON
- PROOF OF COMPLETION OF REQUIRED GUARDIAN ADVOCATE EDUCATION CLASS
- **POST-APPOINTMENT FORMS**
- ANNUAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT) OF GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF PERSON
- PHYSICIAN’S REPORT
- NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Step by Step Guide
to Guardian/Co-Guardian Advocacy

STEP ONE:

Gather the following documents/information:

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

STEP TWO:

- Complete the "Pre-Appointment" forms. Make sure you include your email in all forms as part of your signature block. Be sure to make multiple copies.
- Make sure each proposed Guardian/Co-Guardian Advocate completes LiveScan fingerprinting (call the Clerk for the local ORI number required for this process), an FDLE Level 2 background check (you will receive instructions at the time of the LiveScan for this), and confirm the Clerk received the results via follow-up phone call.
- Obtain a credit report and file the report with the Court at the Courthouse
    - Orange/Osceola-complete Mandatory Disclosure form, FDLE Acknowledgment form and submit to the Court with a copy of your driver's license and they will obtain your credit report
    - In all other counties, obtain a full credit history report online from one of the three major credit bureaus and file the report with the Clerk of Court at the Courthouse.
        - Equifax
        - TransUnion
        - Experion

STEP THREE:

- Once pleadings have been filed with the Clerk of the Court, the Court will appoint an Attorney and send you a copy of the Order.
- Then you will send a copy of the following documents to any next of kin (siblings and parents):
    - Petition for Appointment of Guardian/Co-Guardian Advocate(s)
    - Consent and Waiver of Notice
        - Send this to the next of kin for them to sign and send back to you. Upon receipt of all Consents, deliver to the Courthouse.

STEP FOUR:

- The Attorney for the loved one appointed by the Court will reach out to you to coordinate a meeting between the Protected Person/Ward and themselves. You can also call the Attorney to facilitate the process.
- After the meeting, that Attorney will file a report with the Court.
- Then you will send the Attorney the Proposed Orders and Letters for their review and approval.
- When approved, you can take them to the Courthouse for submission.
- Once the Judge has entered the Orders/Letters you will be notified by email or mail.
- Go to the Clerk of Court (Probate) office for certified copies of the Orders/Letters. Usually, the cost is $1 per page and an additional $2 for the Clerk to certify the document. Get multiple copies of the Orders/Letters because they may be needed for schools, primary care doctors, etc.

STEP FIVE:

- The Initial Plan **must be filed within 60 days** from the date of appointment as Guardian Advocate. The Initial Plan must be submitted within 60 days of your appointment.
- 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.
    - In Orange, Osceola, and Seminole counties, it is presented by Seniors First.
    - For other counties, ask the Clerk for the correct provider.
- **Every year, an "Annual Guardian Advocacy Plan of Guardian Advocate of Person," and an updated "Physician's Report" must be filed with the Court.** These reports must be filed with the Clerk of Court, no more than 90 days before the beginning of the reporting period.

GLOSSARY-TERMS USED IN GUARDIAN ADVOCACY

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.

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

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 advocate appointed by the court to care for and take responsibility for that person.

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Pre-Appointment 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
GUARDIAN ADVOCATE 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 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:

Name	Address	Relationship
_____	_____	_____
	_____	
_____	_____	_____
	_____	
_____	_____	_____
	_____	

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 case 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):_____

10. *(If a Co-Guardian Advocate sought, complete this paragraph.)* 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

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:

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

( ) to apply for government benefits;
( ) 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:

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

8. 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.

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

Name	Address	Relationship

10. 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 _____

_____.

11. *(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 _____.

12. *(If a Standby Guardian Advocate is sought fill this out, otherwise leave this paragraph*

blank) 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.

13. *(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 _____.

14. 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: _____

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:

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:

_____

_____

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

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: GUARDIAN ADVOCACY OF

_____ File No._____
Division Probate

Respondent,
Person with Developmental Disability
_____

REPORT OF ATTENDING PHYSICIAN
Fla. Prob. R. 5.649 Guardian Advocate.

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

_____
_____
_____
_____
_____

Name of Patient: _____

Date of Last Examination: _____

How long has this/her patient been under your care: _____

Describe the developmental disabilities of the patient: _____

In my opinion, this/her patient <u>HAS</u> the decision-making ability to make informed decisions about the patient's own person or property in the following areas: (Circle yes or no)

YES	NO	Make and exercise informed decisions regarding his/her right to marry.
YES	NO	Make and exercise informed decisions regarding his/her right to vote.
YES	NO	Make and exercise informed decisions regarding his/her right to apply for government benefits personally.
YES	NO	Make and exercise informed decisions regarding his/her right to have a driver's license and operate a motor vehicle.
YES	NO	Make and exercise informed decisions regarding his/her right to travel.
YES	NO	Make and exercise informed decisions regarding his/her right to seek or retain employment.

YES	NO	Make and exercise informed decisions regarding his/her right to contract.
YES	NO	Make and exercise informed decisions regarding his/her right to sue, or assist in defending suits of any nature against him.
YES	NO	Make informed decisions regarding his/her right to manage property or to make any gift or disposition of property.
YES	NO	Make and exercise informed decisions determining his/her residence.
YES	NO	Make and exercise informed decisions regarding his/her right to consent to medical and mental health treatment.
YES	NO	Make and exercise informed decisions affecting the social environment or other social aspects of his/her life.
YES	NO	Make and exercise informed decisions regarding education, education, and vocation rehabilitation entitlements.

Due to the extent of the effects of her developmental disability, I feel that _____ is/is not **(please circle one)** able to handle her own personal matters regarding finances and her physical well-being, and that a guardian advocate should be appointed on her behalf.

_____ _____

Physician's Signature Date Completed

IN THE CIRCUIT COURT FOR_____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

_____ File No._____
Division Probate

Respondent,
Person with Developmental Disability
_____

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT 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 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: GUARDIAN ADVOCACY 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

_____ File No._____
Division Probate

Respondent,
Person with Developmental Disability
_____

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

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)

IN THE CIRCUIT COURT FOR_____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

_____ File No._____
Division Probate

Respondent's Name

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

Upon consideration of the petition for the appointment of Guardian Advocate(s) of the Person, the court finds that (name of respondent) _____ has a developmental disability of a nature that requires the appointment of Guardian Advocate(s) of the Person based upon the following findings of fact and conclusions of law, as required by §393.12, Florida Statutes:

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

2. _____ is unable to understand or make decisions related to his finances, education, medical, dental, or mental health care, as well as governmental or vocational entitlements.

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

4. The specific legal disability to which the person with a developmental disability is subject:

which manifested before the age of 18 years old and can be reasonably expected to continue indefinitely.

4. The powers and duties delegated to the Guardian Advocate are:

( ) to apply for government benefits;
( ) to determine residency and to consent to residential placement;
( ) to consent to medical, dental, and mental health treatment;
( ) to make decisions about his/her social environment or other social aspects of life;
( ) to make decisions regarding education, and 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, designations of health care surrogate, or other advanced directives known to the Petitioner that would sufficiently address the needs 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 the 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.

7. The Respondent shall retain all legal rights except those which are specifically delegated to the Co-Guardian Advocates pursuant to a court order.

ORDERED AND ADJUDGED:

1. _____ **is/**are qualified to serve as Guardian Advocate(s) of the Person and are hereby appointed as **Guardian Advocate(s) of the Person of** (name of respondent)_____.

2. The Guardian Advocate(s) shall exercise only the rights that the Court has found the disabled person incapable of exercising on his/her own behalf, as outlined hereinabove. Said rights are specifically delegated to the Guardian Advocate(s).

3. Upon taking and filing the prescribed oath conditioned on the faithful performance of all duties by the Guardian Advocate(s), Letters of Guardian Advocate(s) shall be issued.

DONE AND ORDERED this _____, 2026.

_____
Circuit Judge

IN THE CIRCUIT COURT FOR_____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

_____ 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

WHEREAS, the Guardian Advocate(s) have taken and filed the prescribed oath and performed all other acts prerequisite to the issuance of Letters of Guardian Advocate of the Person;

NOW, THEREFORE, I, the undersigned circuit judge, 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:

( ) to apply for government benefits;
( ) 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.

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.
g. Consent to or enter into a do-not-resuscitate order for or on behalf of the person with a developmental disability.

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

These Letters are initially valid for fifteen (15) months from the date of issue. After that, per sec. 744.369(8), Fla. Stat., these Letters are ONLY current and valid when accompanied by a certified copy of an Order Approving Annual Plan that has been signed and dated by a judge within the last twelve (12) months

ORDERED this _____, 20_____.

_____

Judge

IN THE CIRCUIT COURT FOR_____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

_____ File No._____
Division Probate

INITIAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT) OF 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)*

Type of Examination	**Name of Persons Performing Examination**	**Date of Examination**

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:

_____

Date of Order/Directive	**Description of Order/Directive**	**Suspended by Court?**

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: _____
Email Address: _____

Signature: _____
Guardian/Co-Guardian Advocate
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)

I hereby certify that on _____, 20____, the foregoing document has been furnished by:

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

to: (ELISOR): Name, address, email, of recipient:

Signature:_____
Guardian Advocate
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

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



Post-Appointment Forms

IN THE CIRCUIT COURT FOR_____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF:

_____ File No._____
Division Probate

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

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

11. 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:
_____.

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

13. 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:

_____

14. I/We (do or do not) _____ plan to seek the restoration of any rights to the Respondent.

15. This plan (has or has not) _____ been reviewed with the Respondent to the extent possible.

16. 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:_____

IN THE CIRCUIT COURT FOR_____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

_____ File No._____
Division Probate

PHYSICIAN'S REPORT
(Required by Florida Statutes Section 744.3675)

To be signed by a physician or an advanced practice registered nurse registered under s. 464.0123. If the guardian has requested a physician to complete the examination and prepare the report and the physician has delegated that responsibility, the examination may be performed and the report may be prepared and signed by a physician assistant acting or by an advanced practice registered nurse.

1. Name of Physician, PA, or APRN:
   Address: _____
   _____
2. Name of Respondent: _____
3. Date of examination: _____
4. Purpose of examination:
   A. Regular checkup _____
   B. Treatment for _____
5. Evaluation of Respondent's condition: (Specify mental and physical condition at time of examination) _____
6. Description of Respondent's capacity to live independently:_____
   _____
   _____
7. The Respondent **does** or **does not** continue to need assistance of a guardian.
8. Is the Respondent capable of being restored to capacity at this time? **Yes** or **No**
9. Date of this report: _____
10. Signature of physician, PA, or APRN completing this report: _____

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 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 REPORT**, 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.