

Guardian Advocacy Forms

Table of Contents

- A. Petition for Appointment of Guardian/Co-Guardian Advocate(s)
- B. Attending Physician's report
- C. Application for Appointment as Guardian/Co-Guardian Advocate(s)
- D. Waiver and Consent to Appointment of Guardian/Co-Guardian Advocate(s)
- E. Oath of Guardian/Co-Guardian Advocate, Designation of Resident Agent and Acceptance
- F. Notice of Confidential Filing Information
- G. Notice of Filing
- H. Email Designation

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT FOR POLK
COUNTY, FLORIDA**

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

Alleged Developmentally Disabled Person (DDP),

DIVISION 17

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

Petitioner(s), allege:

Petitioner _____ 's
 First Name Middle Name Last Name

Residence is _____ and

Mailing address is _____ and

Email Address is: _____

2. (If Co-Guardian Advocacy/Co Guardian is sought, list 2nd Petitioner here. If none, write "none")

Petitioner _____ 's
 First Name Middle Name Last Name

Residence is _____ and

Mailing address is _____ and

Email Address is: _____

3. Petitioner's date of birth is _____ and is an adult, age _____.
Petitioner's relationship to _____, the person with a
developmental disability/alleged incapacitated person (hereinafter the "DDP")
is _____.

4. (If Co-Guardian Advocate/Co-Guardian, list 2nd Petitioner here. If none, write "none")
Petitioner's date of birth is _____ and is an adult, age _____. Petitioner's
relationship to _____, the person with a developmental
disability/alleged incapacitated person (hereinafter the "DDP")
is _____.

5. (DDP's full name) _____ is a person
with a developmental disability, who was born on _____, and who is _____ years

of age. The DDP's primary spoken language is _____ and the last four digits of the DDP's Social Security number is XXX-XX _____. The DDP resides in _____ County, Florida, and his/her residential address is:

_____ and his/her mailing address is: _____.

6. The DDP's next of kin is/are: (include names and addresses of any non-petitioning spouse, parent, and any adult siblings):

7. The Petitioner(s) believe that the DDP is in need of a Guardian Advocate due to his/her developmental disability which manifested itself prior to the age of eighteen (18), specifically (choose all that apply):

intellectual disability. Specify Type if Known: _____

cerebral palsy

autism

Spina Bifida

Prader-Willi syndrome

Down syndrome

Phelan-McDermid syndrome

Other: _____

As a result of the above selected condition, the DDP lacks the decision-making ability to do some of the tasks necessary to care for his or her person or property and all medical probability indicates that this condition can reasonably be expected to continue indefinitely.

8. The Petitioner(s) believe(s) a Guardian Advocate is necessary because the DDP lacks the decision-making ability to make informed decisions about the DDP's own person, specifically the following rights: (check all which apply)

Person, Delegable

- To determine residence
- To consent to medical treatment
- To make decisions about environment or other social aspects of life

Property, Delegable

- To contract
- To sue and defend lawsuits
- To manage property and income or make any gift or disposition of property
- To apply for government benefits

Person, Non-Delegable

- To marry
- To vote
- To have a driver's license
- To travel

Property, Non-delegable

- To seek and retain employment

9. Petitioner(s) is/are willing and able to act as Guardian Advocate for the DDP and should be appointed as Guardian Advocate because Petitioner(s) is/are the DDP's _____ (insert relationship to DDP), is willing to serve in that capacity, and is best qualified to act on the DDP's behalf.

10. In accordance with Probate Rule 5.649(a)(7), Petitioner(s) has/have knowledge, information or belief that the DDP HAS/ HAS NOT created an advanced directive, Health Care Surrogate, Durable Power of Attorney, or supportive decision-making agreement.

11. The Petitioner(s) further state(s) that the DDP is is not indigent. If the DDP is indigent and having no assets and no income other than public assistance and requests that the Court waive all costs incurred commencing this case and direct the Clerk of the Circuit Court to void all charges related to same. If the DDP is indigent, an Application for Determination of Indigent Status must be filed with this Petition.

12. Petitioner(s) file(s) with this Court his/her/their Application(s) for Appointment as Guardian Advocate in conjunction with this Petition.

13. After the Petition is filed, the Petitioner(s) will follow the instructions for a criminal background check using the code ORI#FL053114Z to order a copy of the results of the background check to be delivered to the Clerk of the Court.

WHEREFORE, The Petitioner(s) request(s) this Court set a hearing to inquire into the Decision-making Ability of the DDP, and should the Court determine it is appropriate to do so, enter an Order appointing the Petitioner(s) as Guardian Advocate(s) for the DDP.

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

Executed this _____ day of _____, 20__.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

(Petitioner)

(If Co-Guardians, both sign)

Executed this _____ day of _____, 20__.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

(Co-Petitioner)

**IN THE CIRCUIT COURT FOR POLK COUNTY, FLORIDA
GUARDIANSHIP DIVISION**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Name of Developmentally Disabled Person (DDP)

Division: 17

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

1. Name of Physician: _____

Address: _____

2. Name of ward: _____

3. Date of examination: _____

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

5. Description of ward's capacity to live independently:

6. The ward does does not continue to need the assistance of a guardian.

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

8. Date of this report: _____

9. Signature of physician completing this report: _____

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Division: 17

**Name of Alleged Developmentally
Disabled Person (DDP)**

APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE

Pursuant to Florida Statute Section 393.12, the Applicant, (name of Guardian Advocate) _____ submits this Application for Appointment as Guardian Advocate of _____, the DDP (the person with a developmental disability) and the following information:

(Please provide the following information regarding the Guardian Advocate)

1. Name of Applicant: _____ Age _____

2. Social Security Number: _____

3. Applicant's Relationship to Ward: _____

4. Residence Address: _____

5. Mailing Address: _____

6. U.S. Citizen? Yes: _____ No: _____

7. Employer's Name and Address:

8. Applicant's Position: _____

9. Marital Status and Name of Spouse if any: _____

10. Home Telephone Number: _____

11. Work Telephone Number: _____

12. If currently serving as Guardian/ Guardian Advocate for any other DDP, list names of each DDP, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the Limited or Plenary Guardian or Guardian Advocate of the person or property or both of each DDP:

13. Does Applicant have any physical disabilities? Yes: _____ No: _____

If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian advocate:

14. Has Applicant ever been treated for the following:

a. Mental Condition Yes _____ No _____

b. Alcohol Yes _____ No _____

c. Drugs Yes _____ No _____

d. Other Yes _____ No _____

Nature of condition: _____

If "yes" was answered to any of the above, please state date, time, location of treatment and name of physician or profession involved:

15. Has Applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes _____ No _____

16. 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 Sections 415.104 and 415.1075, Florida Statutes? Yes _____ No _____

17. 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:

18. Has Applicant ever been charged with, arrested for or convicted of a felony?

Yes _____ No _____

If yes, please provide details including date, type of offense, location and final disposition:

19. Has Applicant ever been charged with, arrested for or convicted of any other crimes?

Yes _____ No _____

If yes, please provide details including date, type of offense, location and final disposition:

20. Has Applicant ever held a position which required bonding? Yes _____ No _____

If yes, please describe position, date, amount of bond and name of surety:

21. Has Applicant, in the past, ever served as Guardian/ Guardian Advocate of a person or of a person's property? Yes _____ No _____

If yes, please describe below, including reason for termination of fiduciary position:

22. Has Applicant ever been held in contempt of court or removed as a Guardian/ Guardian Advocate? Yes _____ No _____ If yes, please describe below:

23. Has Applicant ever filed for bankruptcy? Yes _____ No _____ If yes, please state date and location of court:

24. What is Applicant's relationship to the person with a developmental disability?

25. Is Applicant, or Applicant's business, corporation, or other business entity a creditor of, or providing professional, personal or business services to the person with a developmental disability?

Yes _____ No _____

If yes, please provide details below:

26. Is Applicant employed by a business, corporation, or other business entity that is providing professional, personal or business service to the person with a developmental disability?

Yes _____ No _____

If yes, please furnish details below:

27. Is Applicant a health care provider for the person with a developmental disability?

Yes _____ No _____

28. Educational history of Applicant:

	Name and Address	Degree	Date
High School			
College/University			
Other			

29. List Applicant's employment experience for the past 10 years beginning with the most recent dates:

Name and Address of Employer	Date	Reason for Leaving

30. Does Applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate?

Yes _____ No _____

If yes, please describe below:

31. Has Applicant received instruction and training which covered the legal duties and responsibilities of Guardian/ Guardian Advocate, the rights of an incapacitated person or DDP, the availability of local resources to aid a DDP, and the preparation of habitual plans and annual Guardian Advocate Reports, including financial accounting for the DDP's property? Yes _____
No _____

If so, indicate when and where training was received:

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief. Signed on this _____ day of _____, 20____.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Name of Alleged Developmentally Disabled Person

Division: 17

WAIVER AND CONSENT TO APPOINTMENT OF GUARDIAN ADVOCATE

To be completed by family listed below, NOT the Petitioner

The undersigned, whose complete name is: _____, and who has an interest in the above Guardian Advocacy as the **spouse** **brother** **sister** **parent** **child** of the person with a developmental disability, acknowledges receipt of a copy of the Petition for Appointment of Guardian/Co-Guardian Advocate(s) and hereby waives hearing and notice of hearing thereon, and consents to the settlement and entry of an order granting the relief requested in the Petition without notice or hearing.

Signed this _____ day of _____, 20____.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Name of Alleged Developmentally Disabled Person

Division: 17

**OATH OF GUARDIAN/(CO) GUARDIAN ADVOCATE, DESIGNATION OF RESIDENT
AGENT**

(Each Guardian Advocate must sign an Oath)

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

1. I will faithfully perform the duties of Guardian/Co-Guardian Advocate of the Person and/or Property of _____ (The DDP), according to law and that the Petitioner hereby designates _____, who is a resident of the county where this case is filed, and whose address is _____
_____ And whose phone number is _____ as Petitioner's agent for service of process in any action against the Petitioner in the Petitioner's representative capacity, or personally, if that personal action accrued in the performance of the Petitioner's duties.
2. My place of residence is _____
and post office address is _____.

Signature _____
Name _____
Address _____
Phone _____
E-mail address _____

STATE OF FLORIDA
COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20_____

By _____ (name of person making statement).

by Affiant, who is personally known to me or who produced

as identification.

Signature of Notary Public – State of Florida

Name of Notary, Typed, Printed or Stamped

My Commission Expires: _____

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Name of Developmentally Disabled Person (DDP)

Division: 17

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), the filer of a court record at the time of filing shall indicate whether any confidential information is included within the document being filed; identify the confidentiality provision that applies to the identified information; and identify the precise location of the confidential information within the document being filed.

Title/Type of Document(s):

Petition for Appointment of Guardian/Co-Guardian Advocates of Person,

Page(s), _____, Paragraph (s), _____,

Application of for Appointment as Guardian Advocate

Page(s), _____, Paragraph (s), _____,

Application of for Appointment as Co-Guardian Advocate

Page(s), _____, Paragraph (s), _____,

Confidential Individual Education Plan and Habilitation/Guardian Reports

Other _____

Indicate the applicable confidentiality provision(s) below from Rule 2.420(d) (1) (B), by specifying the location within the document on the space provided:

Signature _____

Name _____

Address _____

Phone _____

E-mail 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 5 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 10 days, unless a motion is filed pursuant to subdivision(d)(3) of Rule 2.420.

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Name of Developmentally Disabled Person (DDP)

Division: 17

NOTICE OF FILING

PLEASE TAKE NOTICE that the Proposed Guardian/Co-Guardian Advocate, _____
_____, hereby gives notice of filing the following documents:

Title/Type of Document(s): (choose which ones apply)

- Death certificate of DDP's parent
- Confidential Psychological Report/Doctor Report/IEP
- Receipt of providing fingerprints for Background Check
- Other (describe): _____

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

(Guardian/Co-Guardian Advocate)

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Name of Developmentally Disabled Person (DDP)

Division: 17

DESIGNATION OF PRIMARY AND SECONDARY EMAIL ADDRESS

Please take notice that, pursuant to the Florida Rule of Judicial Administration 2.516, the undersigned, as counsel for the proposed Guardian Advocate, hereby designates the following email addresses for service in this case. All future correspondence and pleadings should be emailed to the following addresses:

Primary Email: _____

Second Email: _____

Signature: _____

Name: _____

Address: _____

Telephone No: _____