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 _____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 _____, 2020 by Affiant, who is personally known to me or produced _____ as identification.

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