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

Petitioner(s) _____, file(s) this petition pursuant to section 393.12, Florida Statutes and Rule 5.649, Fla. Prob. R., and allege(s):

1. The petitioner and proposed Guardian Advocate is _____, who is _____ years of age, whose residence is _____, and post office address is _____. The relationship between the petitioner and the Respondent, the person with a developmental disability, is _____.

2. ***(If NO Co-Guardian Advocate sought, leave this paragraph blank)*** The petitioner and 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, the person with a developmental disability, is _____.

3. The Respondent is a developmentally disabled individual who was born on _____, is _____ years of age, and resides in _____ County, Florida. The residence of the Respondent is _____, and post office address is _____.

4. The Petitioner(s) believe(s) the Respondent is in need of a Guardian/Co-Guardian Advocate due to a developmental disability, which manifested prior to the age of eighteen (18), (the legal disability to which developmentally disabled person is subject: intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-

Willi syndrome), specifically: _____.

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 Guardian/Co-Guardian Advocate are:

( ) to apply for government benefits;

( ) to determine residency and contract for 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.

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 petitioner(s) that would sufficiently address the issues of the Respondent in whole or in part. Thus, it is necessary that a Guardian/Co-Guardian Advocate 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:

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

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/Co-Guardian Advocate of the person of the Respondent. The proposed Guardian/Co-Guardian Advocate is not a professional guardian. The relationship of the proposed Guardian/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 between the proposed Guardian Advocate and the Respondent is _____. 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 Guardian/Co-Guardian Advocate of the person of the Respondent. The proposed Guardian/Co-Guardian Advocate is not a professional guardian. The relationship of the proposed Guardian/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 between the proposed Co-Guardian Advocate and the Respondent is _____. The proposed Co-Guardian Advocate should be appointed because _____.

11. The Petitioner(s) allege(s) that to his/her 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.

12. Reasonable search has been made for all of the information required by Florida law and by the applicable Florida Probate Rules. Any such information that is not set forth in full above cannot be ascertained without delay that would adversely affect the Respondent.

Petitioner(s) requests that _____ and

_____ be appointed Guardian/Co-Guardian Advocate of the Person of the Respondent.

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: _____