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.
(to be filed with the Petition for Appointment of Guardian Advocate)

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

_____

_____

_____

_____

_____

Patient Name: _____

This will verify that _____ has been a patient of mine since _____ and the specific developmental disability to which the patient is subject is:

_____

Date of diagnosis: _____.

Because of the extent of his/her developmental disability, I feel that he/she is unable to handle his/her own personal matters regarding finances and his/her physical well-being, and that a guardian advocate should be appointed on his/her behalf.

_____ _____

Physician's Signature Date Completed