

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: THE GUARDIAN ADVOCACY OF _____ FILE NO.: _____

_____ /

PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE

(Required by § 393.12(3), Fla. Stat.)

Petitioner _____ is an adult person
domiciled in the State of Florida who resides at: _____

and whose mailing address is _____

comes now and states:

1. The petitioner is _____ years of age and has the following relationship with the
person with a developmental disability: _____

2. The person with a developmental disability who is the subject of this petition is
named _____

and is _____ years of age, and resides in _____ County, Florida, at the
following physical address: _____

3. The Petitioner herein alleges that the above named person in paragraph (2) needs a guardian advocate and the factual information on which such belief is based is as follows:

(Petitioner, please attach any applicable health care or social service information available)

4. The exact areas in which the person with developmental disabilities lacks the decisionmaking ability to make informed decisions about his or her care and treatment services or to meet the essential requirements for his or her health or safety are as follows: *(Please check all that apply)*

- to consent to medical and mental health treatment
- to personally apply for government benefits
- to seek or retain employment
- to decide his or her place of residence
- to manage his or her property
- to live independently without the assistance of others
- other: _____

5. It is my understanding that as per statute, the creation of a guardian advocacy is appropriate where the person with developmental disabilities lacks the decisionmaking ability to do some, but not all, of the decisionmaking tasks to care for his or her person or property or if the person has voluntarily petitioned for the appointment of a guardian advocate. § 393.12(2)(a), Fla. Stat.

6. Petitioner is _____ or is not _____ the developmentally disabled person and the Petitioner asserts the developmentally disabled person is subject to the following legal

disabilities and these legal disabilities should be delegated to a guardian advocate for the developmentally disabled person's health and safety:

(Please check areas that are being sought for delegation to the guardian advocate)

- to contract
- to consent to medical, dental, and mental health treatment
- to apply for government benefits
- to determine the ward's residence
- to sue and defend lawsuits
- to make decisions about the ward's social environment or other social aspects of his or her life
- to manage the ward's property

7. The Petitioner names the following person as the proposed guardian advocate:

who resides at _____

8. The relationship the proposed guardian advocate had or has with a provider of health care services, residential services, or other services for the person with developmental disabilities is as follows: _____

9. The proposed guardian advocate should be appointed for the following reasons:

10. The person with developmental disabilities receives or may be eligible for the following types of government benefits: _____

11. The Petitioner is _____ or is not _____ aware of any outside sources of income or revenue received by the person with developmental disabilities, to include but not be limited to trusts, annuities, and/or settlement proceeds.

12. The Petitioner shall provide notice and a copy of this petition on the person with developmental disabilities and on his or her next of kin who are known to the petitioner and listed as follows: _____

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 and dated this ____ day of _____, 20____.

(Signature of Petitioner)

(Signature of Co-Petitioner if applicable)

(Address)

(Address)

(Phone #)

(Phone #)

Attorney for Guardian/s, if applicable:

Name: _____

Fla. Bar # _____

Address: _____

Phone # _____