



IN THE CIRCUIT COURT- 14TH JUDICIAL CIRCUIT
Probate and Guardianship Division

IN RE: THE GUARDIAN ADVOCACY OF _____

Case No.: _____

Name of Person with a Developmental Disability

(Form C)

PETITION FOR APPOINTMENT AS GUARDIAN ADVOCATE
OF THE PERSON ONLY

Pursuant to Florida Statute Section 393.12(3), the Petitioner, (name of Guardian Advocate) _____ submits this Petition for Appointment as Guardian Advocate of (the person with a developmental disability) _____, the Ward and states as follows:

1. The name of Petitioner is: _____

2. The age of Petitioner is: _____

3. The present address of the Petitioner is: _____

4. The Petitioner's relationship to the person with a developmental disability is:

5. The name of the person with a developmental disability is:

6. The age of the person with a developmental disability is: _____

7. The county of residence of the person with a developmental disability is:

8. The present address of the person with a developmental disability is:

9. The primary language spoken by the person with a developmental disability is:

10. The person has the following developmental disability that manifested before the age of 18 and constitutes substantial handicap that can reasonably be expected to continue indefinitely: *(Place a check next to the disability that applies)*

Mental Retardation

Autism

Cerebral Palsy

Prader- Willi Syndrome

Spina Bifida

11. The Petitioner believes that the person with a developmental disability needs a Guardian Advocate. The factual information regarding why a Guardian Advocate is necessary is:

12. I have attached copies of the following listed reports and records documenting the condition and needs of the person with developmental disability:

13. The person lacks capacity to make decisions in the following areas: *(Place a check next to which area the person lacks the decision-making capacity)*

to marry

to vote

to contract

to travel

to have a driver's license

to seek or retain employment

to determine his or her residence

to consent to medical and mental health treatment

to personally apply for government benefits

to make decisions about his or her social environment or other social aspects of his or her life.

State the exact areas in which the Ward lacks the capacity to make decisions if not listed above: _____

14. The relationship that Petitioner has or had with the provider of health care services, residential services or other services of the person with the developmental disability is:

15. The reasons why the Petitioner believes he or she should be appointed Guardian Advocate are:

WHEREFORE:

Petitioner requests to be appointed as Guardian Advocate of the Ward. The Petitioner is sui juris and otherwise qualified under the laws of the State of Florida to act in such capacity.

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 of Applicant

Printed Name of Applicant

Address of Applicant

Phone Number of Applicant