



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 D)

**OATH OF GUARDIAN ADVOCATE, DESIGNATION OF
RESIDENT AGENT & ACCEPTANCE**

STATE OF FLORIDA
COUNTY OF WASHINGTON

Before me, the undersigned authority, this day personally appeared

_____, to me known, who being by me first duly sworn, says:

1. That the Petitioner has been appointed Guardian Advocate of the Person of

_____.

**2. That the Petitioner will faithfully administer the duties of such Guardian according to
law.**

3. That the Petitioner's place of residence is

and the Petitioner's post office box is _____.

4. That the Petitioner hereby designates

_____, who is a resident of the county where

this case is filed, and whose address is _____

_____ and whose post office address is

_____ as Petitioner's agent for service of process in any action against the Petitioner in the Petitioner's representative capacity, or personally, if that personal action accrued in the performance of the Petitioner's duties.

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.

Signature of Guardian Advocate

STATE OF FLORIDA
COUNTY OF WASHINGTON

Sworn to and subscribed before me this ____ day of _____, 20____, by

_____ (Guardian Advocate).

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary

Personally known ___ OR Produced Identification ___
Type of Identification Produced: Florida Drivers License

ACCEPTANCE

I certify that I am a permanent resident of Washington County, Florida, whose place of residence and post office address are as set forth above. I hereby accept the foregoing designation as Resident Agent.

Executed this ____ day of _____, 20____.

Resident Agent