



**IN THE CIRCUIT COURT- 14<sup>TH</sup> JUDICIAL CIRCUIT**  
**Probate and Guardianship Division**

IN RE: THE GUARDIAN ADVOCACY OF \_\_\_\_\_

Case No.: \_\_\_\_\_

*Name of Person with a Developmental Disability*

**FORM B**

**NOTICE OF PETITION FOR THE APPOINTMENT OF GUARDIAN ADVOCATE**

TO: \_\_\_\_\_  
*Name of Person with a Developmental Disability*

YOU ARE HEREBY NOTIFIED that a petition has been filed to determine your capacity and to seek the appointment of a guardian advocate over your person. A copy of the Petition for Appointment of Guardian Advocate is attached to this notice. There will be a hearing on the Petition for Appointment of Guardian Advocate at the Washington County Courthouse, 1293 Jackson Avenue, Chipley, Florida 32428, \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

The reason for this hearing is to inquire into your capacity and to determine whether a guardian advocate is to be appointed over your person.

You have the right to attend this hearing and to present whatever evidence is appropriate. An attorney has been appointed to represent you. The name, address and telephone number of the attorney are: \_\_\_\_\_

You have the right to substitute your own attorney for the attorney appointed by the Court.

If you are determined to be incapable of exercising any of the rights enumerated in the Petition for Appointment of Guardian Advocate, a Guardian Advocate may be appointed to exercise those rights on your behalf. If a Guardian Advocate is appointed, the Guardian Advocate may have the care and custody of your person, and may have the right to regulate certain or all of your activities.

Dated \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Clerk of the Circuit Court

By \_\_\_\_\_  
Deputy Clerk

CERTIFICATE OF SERVICE BY CLERK

Copies furnished to:

- *Proposed Guardian Advocate*
- *Next of Kin of the person with a developmental disability, if any*
- *Health Care Surrogate designated by the person with a developmental disability pursuant to advanced directives, if any*
- *Agent appointed by the person with a developmental disability under Durable Power of Attorney, if any*

\_\_\_\_\_  
Clerk of the Circuit Court

By \_\_\_\_\_  
Deputy Clerk