

GUARDIAN ADVOCATE INFORMATION

For Persons with a Developmental Disability

What is a Guardian Advocate?

Often a Guardian Advocate needs to be appointed when a person with a developmental disability turns 18 years old. Upon becoming an adult, the parent no longer has the legal ability to make decisions for him/her. To qualify under Florida Statutes, the person with a developmental disability must have a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely. To learn more about Guardian Advocacy statutes, please click the link below.

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0393/Sections/0393.12.html

Guardian Advocacy is a process for families, caregivers, and friends of individuals with a developmental disability to obtain a guardianship without declaring the individual incompetent. Guardian Advocate appointments are governed by Florida Statute Section 393.12. The appointment of a Guardian Advocate allows the guardian to make decisions for the person with a developmental disability. Not everyone with a developmental disability needs a legal guardian. One is necessary if the person lacks the decision-making ability to make necessary decisions relating to daily life. During any Guardian Advocate proceedings, the Court will appoint an attorney for the person with a developmental disability to ensure his/her best interest is protected.

The Guardian Advocate is responsible for only those duties approved by the Judge and listed in the Court Order. The process of becoming a Guardian Advocate of the person does not require the hiring of an attorney. If there is property involved, other than social security benefits or other government payee programs, the person seeking to become a Guardian Advocate of the person and the property must hire an attorney. These property rights include, but are not limited to: a pending law suit, estate matter, or other income or property right coming to the person with a developmental disability. The Court can expand the description of property rights by Petition and Order.

The Step-by-Step Process of Becoming a Guardian Advocate of the Person Only:

1. Complete Necessary Paperwork. (No civil cover sheet required)
 - a. Application for Appointment as Guardian Advocate. **Form A**
 - b. Application for Appointment as Standby Guardian Advocate. **Form B**

- c. Petition for Appointment of Guardian Advocate of the person. **Form C**
 - d. Petition for Appointment of Standby Guardian Advocate. **Form D**
 - e. Standby Guardian Advocate's Joinder in Petition. **Form E**
 - f. Oath of Guardian Advocate, Designation & Acceptance. **Form F**
 - g. Order Appointing Attorney for the Person with a Developmental Disability. **Form G**
 - h. Notice of Designation of Email Address. **Form H**
 - i. Consent and Waiver. **Form I**
2. File all Paperwork with your local Clerk's Office.
 - The person filing the paperwork is called the Petitioner.
 - The Petitioner should attach a copy of the medical records of the person with a developmental disability to the Petition for Appointment of Guardian Advocate.
 - Petitioner must pay the required filing fees.
 - Contact your local clerk's office in order to determine how to file the documents as each clerk has different procedures.
 3. Obtain Background Check from local Sheriff's Office and provide the ORI Number. The ORI Number can be obtained from your local Clerk's office.
 4. Give Notice of Filing Petition for Appointment of Guardian Advocate if an interested person has not signed a Consent and Waiver
 - You must serve notice to parties that the petition was filed and the date and time of the hearing which is set by calling the Judicial Assistant for the judge in the Court in which you filed. **Forms J and K (1 or 2)**
 5. Prior to the hearing, provide a copy of the Order Appointing Guardian of the Person, Letters of Guardian Advocate, and Order Appointing Standby Guardian of the Person to the attorney representing the developmentally disabled adult for the attorney's review. **Forms L (1 or 2), M (1 or 2) and N** Once the attorney representing the developmentally disabled adult approves the order and letters, then they can either be filed with the Court or sent to the judge's judicial assistant. Confirm with the judicial assistant at your Court to determine the correct process your judge would like followed.

6. Hearing.
 - Attend via Zoom or in person with a developmental disability unless his/her attorney has waived his/her appearance.
7. After appointment as Guardian Advocate, you have four months from date of appointment to take the required course for Guardians. Go to <https://circuit7.org/orders/pb-2019-006-sc/> to find an approved online or in person course. Once you have taken the course, you will receive a Certificate which you need to file in the case along with a Notice of Filing. **Form R**. You have 60 days from date of appointment to file the Initial Plan and Physician's Report. **Forms O and P**
8. Each year, you will need to file an Annual Plan and Physician's Report. When you take your course, you will learn how to fill out the Annual Plan. **Forms P and Q**

Detailed Process for Appointment of a Guardian Advocate(s) of the Person Only:

First: Complete all the necessary paperwork.

Application for Appointment as Guardian Advocate(s):

This includes basic information about the person requesting to be appointed Guardian Advocate(s) of the person with developmental disabilities.

Application for Appointment as Standby Guardian Advocate:

Application and appointment of Standby Guardian is optional. If a Standby Guardian Advocate is appointed, he/she will not take any action for the benefit of the person with a developmental disability until the appointed Guardian Advocate is unable to perform his/her duties either because of death, removal, resignation, or adjudication of incompetency. The proposed Standby Guardian Advocate must sign a Joinder, see, **Attached Form E** and file it with the Petition for Appointment of Guardian Advocate **Attached Form C** and the Application of Standby Guardian Advocate **Attached Form C**. Order appointing Standby Guardian, **Attached Form N**

Petition for Appointment of Guardian Advocate(s):

The Petition **must** state the following:

- Name, age, present address of individual filing petition and his or her relationship to the person with developmental disability
- Name, age, county of residence, and present address of the person with a developmental disability
- State why the person filing petition feels a Guardian Advocate is necessary
- Include specific factual information

- State specific areas where the person lacks decision-making ability
- Specify the legal disabilities as defined in Florida Statute 393.063(12)
- State name of proposed Guardian Advocate(s), relationship to the person with a developmental disability
- Also, state any relationship the proposed Guardian Advocate(s) has or had with provider of health services, residential services, or other services to the person with a developmental disability
- Pursuant to Probate Rule 5.649(a) (7) the petition must state whether the petitioner has knowledge, information, or belief that the person with a developmental disability has created an advanced directive or a durable power of attorney.

Second: File all paperwork with the Clerk’s office. Mail copies to all next of kin by certified mail return receipt required unless the next of kin are signing waivers.

Filing Fees:

Contact Clerk of Court for most recent filing fee information.

Upon filing the Petition for Appointment of a Guardian Advocate(s)

- The Court will appoint an attorney to represent the person with a developmental disability. Please contact the Judicial Assistant to see if you need to file or email the proposed order appointing the attorney for the Developmentally Disabled Adult.
- The attorney appointed, by the Court, needs to be notified by copy of **Attached Form G** of the appointment and needs to meet with the person with a developmental disability and the petitioner(s) must cooperate with the Court appointed attorney. If no contact from attorney within 10 days of appointment, call their office or contact the Court.

Third: Give notice of filing of Petition for Appointment of Guardian Advocate. **Attached Form K (1 or 2)**

Notice must be given to the following:

- The person with a developmental disability verbally and in writing (Note: the attorney representing the Developmentally Disabled Adult will formally notify him/her)
- Both in English and language of the person
- The next of kin of the person with a developmental disability
- The Health Care Surrogate designated by an advance directive if the person with a developmental disability has created one
- An agent under a Durable Power of Attorney, if the person with a developmental disability has one

A copy of the Petition for Appointment of a Guardian Advocate must be served with the notice.

The notice must state:

- Hearing will be held to inquire into capacity of person with a developmental disability to exercise rights listed in petition
- Date of hearing
- That person with a developmental disability has right to an attorney of his or her choice but the Court shall appoint one initially.

Fourth: Hearing.

Once all the necessary documents are filed with the Court a case number is assigned. The Petitioner must call the judicial assistant to set the hearing date and time. The facts of the petition will be presented to the Judge. The Judge will make a decision whether or not to appoint a Guardian Advocate. The person with a developmental disability has the right to be present at the hearing.

At the hearing the Judge may issue an Order Appointing Guardian Advocate of the Person, see **Attached Form L (1 or 2)** Also, the Judge may issue Letters of Guardian Advocate; see **Attached Form M (1 or 2)**. You need to bring these forms, to the hearing, or mail them to the judge, prior to the hearing, filled in with the information you put in your Petition for Appointment of Guardian Advocate of the person. **Attached Form C**. Please have all blank spaces in the body of the document filed out, including the name of the person with a developmental disability, the case name and number. Do the same for the Order appointing and the Letters. Use your computer and type all Orders for the Court.

Upon Appointment of a Guardian Advocate:

If the Judge decides the person with a developmental disability is in need of a Guardian Advocate the Judge will enter an Order Appointing a Guardian Advocate and issue Letters of Guardian Advocate of the Person. The Order will contain the powers, duties, and responsibilities of the Guardian Advocate.

The person with a developmental disability retains all legal rights except those which the Court gives to the Guardian Advocate.

Requirements for Guardian Advocates after Court Appointment:

Education Requirement:

Florida Statutes 393.12(10) and 744.3145 require every person appointed as a Guardian Advocate to complete educational training. Once a person is appointed by the Court to be the Guardian Advocate, he or she must complete the required training within four months of his or her appointment.

- Each person appointed a Guardian Advocate must complete a minimum of 8 hours of instruction and training.

Information regarding an approved course on guardianship education is available

<https://circuit7.org/orders/pb-2019-006-sc/>

Required Filings with Court after Appointment

Guardians are required to file certain periodic reports with the Court. Failure to comply with any of the reporting requirements may require appearance before the Court and fines, removal, or other actions may be taken against the Guardian Advocate.

Note: If the Ward moves, the Guardian Advocate must file a Notice of Change of Address with the Court. If the Ward moves more than one county over, the Ward must seek Court permission to move the Ward. If the Guardian Advocate changes any contact information, the Guardian Advocate must notify the Court by filing a Notice of Change of Address, E-mail Address and/or Phone Number.

Required Plans

Initial Plan: **Attached Forms O and P**

Must be filed within 60 days of appointment as Guardian Advocate

Must include the following:

- Statement of medical, mental, or personal care services for the welfare of the ward
- Statement of social and personal services for the welfare of the ward
- The place and kind of residential setting best suited for the needs of the ward
- The application of health and accident insurance and any other private or governmental benefits to which the ward may be entitled to meet any part of the costs of medical, mental health, or related services provided to the ward; and
- Any physical and mental examinations necessary to determine the ward's medical and mental health treatment needs.

Annual Plan: **Attached Forms P and Q**

Must be filed within 90 days from the anniversary date of appointment as Guardian Advocate

Report must include:

Information concerning the residence of the ward, including:

- The ward's address at the time of filing the plan.
- The name and address of each place where the ward was maintained during the preceding year.

- The length of stay of the ward at each place.
- A statement of whether the current residential setting is best suited for the current needs of the ward.
- Plans for ensuring during the coming year that the ward is in the best residential setting to meet his or her needs.

Information concerning the medical and mental health conditions and treatment and rehabilitation needs of the ward, including:

- A resume of any professional medical treatment given to the ward during the preceding year.
- A report of a physician who has examined the ward within the last 90 days before the reporting period. The report must contain an evaluation of the ward's condition and a statement of the current level of capacity of the ward.
- The plan for providing medical, mental health, and rehabilitative services in the coming year.

Information concerning the social condition of the ward, including:

- The social and personal services currently used by the ward.
- The social skills of the ward, including a statement of how well the ward communicates and maintains interpersonal relationships.
- The social needs of the ward.

Each plan must address the issue of restoration of rights to the ward and include:

- A summary of activities during the preceding year that were designed to enhance the capacity of the ward.
- A statement of whether the ward can have any rights restored.
- A statement of whether restoration of any rights will be sought.

Restoration of Rights:

Any interested person, including the person with a developmental disability, may file a suggestion of restoration of rights with the Court. This must state the person with a developmental disability is currently capable of exercising some or all of the rights given to the Guardian Advocate. Meaning the person is no longer in need of a Guardian Advocate. Some evidentiary support must be included in the filing of the suggestion. Such evidentiary support includes: a signed statement from a medical, psychological, or psychiatric doctor who has evaluated the person with a developmental disability. If no

evidentiary support can be accessed then the petitioner may state a good faith basis for suggestion. The Court shall immediately set a hearing.

FORMS ATTACHED TO GUARDIAN ADVOCATE INFORMATION

- A. Application For Appointment As Guardian Advocate
- B. Application For Appointment As Standby Guardian Advocate
- C. Petition for Appointment of Guardian Advocate of the Person Only
- D. Petition for Appointment of Standby Guardian
- E. Standby Guardian's Joinder in Petition
- F. Oath of Guardian Advocate, Designation of Resident Agent & Acceptance
- G. Order Appointing Attorney and Elisor for Person with Developmental Disabilities
- H. Designation of E-Mail Addresses Pursuant to Rule 2.516
- I. Joinder, Waiver, and Consent
- J. Proof of Service of Petition for Guardian Advocate of the Person
- K(1). Notice of Hearing (Remote Appearance Only)
- K(2). Notice of Hearing (In Person Appearance)
- L(1). Order Appointing Guardian Advocate of the Person
- L(2). Order Appointing Guardian Advocates of the Person
- M(1). Letters Appointing Guardian Advocate of the Person
- M(2). Letters Appointing Guardian Advocates of the Person
- N. Order Appointing Standby Guardian Advocate of the Person
- O. Initial Guardianship Plan
- P. Physician's Report
- Q. Annual Guardianship Plan
- R. Notice of Filing

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE

Pursuant to Florida Statutes Section 744.3125, the undersigned submits this Application for Appointment as Guardian Advocate of _____ (A Person with Developmental Disabilities)

1. Residence address: _____
2. Mailing address: _____
3. U.S. citizen? _____
4. Employer's name and address: _____
Applicant's position: _____
5. Home telephone number: _____
Work telephone number: _____
6. If currently serving as guardian for any other ward, list the name of each adult ward and the initials of each ward that is a minor, court file number, circuit court in which the case is pending and whether applicant is acting as the limited or plenary guardian of the person or property or both:

7. Does applicant have any physical disabilities? _____
8. Has applicant ever been treated for the following:

- a. Mental Condition? _____
- b. Alcohol? _____
- c. Drugs? _____
- d. Other? _____

- 9. Has applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined by the Florida Statutes? _____
- 10. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Section 415.104, Florida Statutes? _____
- 11. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? _____
- 12. Has applicant ever been arrested for or convicted of a felony, even if the record for arrestor conviction has been expunged, unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? _____
- 13. Has applicant ever been charged with, arrested for or convicted of any other crimes?

- 14. Has applicant ever held a position which required bonding? _____
- 15. Has applicant ever served as guardian of a person or of a person's property? _____
- 16. Has applicant ever been held in contempt of court or removed as guardian? _____
- 17. Has applicant ever filed for bankruptcy? _____
- 18. What is applicant's relationship to the developmentally disabled person?

- 19. Is applicant, or applicant's corporation or other business entity a creditor of, or providing professional, personal or business services to the developmentally disabled person? _____

- 20. Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the developmentally disabled person? _____

- 21. Is applicant a health care provider for the developmentally disabled person?

- 22. Is applicant aware of any potential disqualifications under Florida Statutes Section

744.309 or potential conflicts of interest under Florida Statutes Section 744.446? _____

If yes, please furnish details:

23. Educational history of applicant:

<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
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High School: _____

College: _____

Other: _____

24. List applicant's employment experience for the past ten (10) years beginning with the most recent date:

<u>Name and Address</u>	<u>Date</u>	<u>Reason for Leaving</u>
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25. Was applicant discharged from employment by any employer listed above? _____

26. Does applicant possess any special educational qualifications (financial, business or otherwise) that qualify applicant to be appointed guardian? _____

27. Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian? _____

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_____.

_____, Applicant

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

APPLICATION FOR APPOINTMENT AS STANDBY GUARDIAN ADVOCATE

Pursuant to Florida Statutes Section 744.3125, the undersigned submits this Application for Appointment as Guardian Advocate of _____ (A Person with Developmental Disabilities)

1. Residence address: _____
2. Mailing address: _____
3. U.S. citizen? _____
4. Employer's name and address: _____

Applicant's position: _____

5. Home telephone number: _____
- Work telephone number: _____

6. If currently serving as guardian for any other ward, list the name of each adult ward and the initials of each ward that is a minor, court file number, circuit court in which the case is pending and whether applicant is acting as the limited or plenary guardian of the person or property or both:

7. Does applicant have any physical disabilities? _____

8. Has applicant ever been treated for the following:
- a. Mental Condition? _____
 - b. Alcohol? _____
 - c. Drugs? _____
 - d. Other? _____
9. Has applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined by the Florida Statutes? _____
10. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Section 415.104, Florida Statutes? _____
11. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? _____
12. Has applicant ever been arrested for or convicted of a felony, even if the record for arrestor conviction has been expunged, unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? _____
13. Has applicant ever been charged with, arrested for or convicted of any other crimes?

14. Has applicant ever held a position which required bonding? _____
15. Has applicant ever served as guardian of a person or of a person's property? _____
16. Has applicant ever been held in contempt of court or removed as guardian? _____
17. Has applicant ever filed for bankruptcy? _____
18. What is applicant's relationship to the developmentally disabled person?

19. Is applicant, or applicant's corporation or other business entity a creditor of, or providing professional, personal or business services to the developmentally disabled person? _____

20. Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the developmentally disabled person? _____

21. Is applicant a health care provider for the developmentally disabled person?

22. Is applicant aware of any potential disqualifications under Florida Statutes Section 744.309 or potential conflicts of interest under Florida Statutes Section 744.446? _____

If yes, please furnish details:

23. Educational history of applicant:

<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
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High School: _____

College: _____

Other: _____

24. List applicant's employment experience for the past ten (10) years beginning with the most recent date:

<u>Name and Address</u>	<u>Date</u>	<u>Reason for Leaving</u>
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25. Was applicant discharged from employment by any employer listed above? _____

26. Does applicant possess any special educational qualifications (financial, business or otherwise) that qualify applicant to be appointed guardian? _____

27. Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian? _____

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_____.

_____, Applicant

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

**PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE
OF THE PERSON ONLY**

Petitioner, _____, files this petition pursuant to section 393.12, Florida Statutes, and Florida Probate Rule 5.649 and alleges that:

1. The petitioner, proposed guardian advocate _____, is _____ years of age, whose residential address is _____, and post office address is _____. The relationship of the petitioner to the respondent is _____.

2. _____ is a person with a developmental disability who was born on __ and who is _____ years of age, who resides in _____ County, Florida. The residential address of the respondent is _____ and the post office address is _____.

3. The petitioner believes that respondent needs a guardian advocate:

a. due to the following developmental disability:

- i. Intellectual Disability;
- ii. Cerebral Palsy;
- iii. Autism;
- iv. Spina Bifida;
- v. Down Syndrome;
- vi. Phelan-McDermid syndrome; or
- vii. Prader-Willi syndrome,

which manifested prior to the age of 18.

b. The developmental disability has resulted in the following substantial handicaps: _____

4. The exact areas in which the person with the developmental disability lacks the ability to make informed decisions about his/her care and treatment services or to meet the essential requirements for his/her physical health or safety are as follows:

- a. to apply for government benefits;
 - b. to determine residency;
 - c. to consent to medical and mental health treatment;
 - d. to make decisions about social environment/social aspects of life;
- and
- e. to make decisions regarding education.

5. _____ There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, known to petitioner that would sufficiently address the problems of the respondent in whole or in part. Thus, it is necessary that a guardian advocate be appointed to exercise some but not all of the rights of respondent.

6. The names and addresses of the next of kin of the respondent are:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>

7. The proposed guardian advocate _____, whose residential address is _____ and post office address is _____. The relationship of the petitioner to the respondent is _____, is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. The proposed guardian advocate is not a professional guardian. The relationship of the proposed guardian advocate with the providers of health care services, residential services, or other services to the respondent is: _____. (if none, indicate: NONE):

8. **HAS / HAS NOT** The petitioner(s) allege(s) that to their knowledge, information, and belief, respondent has or has not executed an advance directive under chapter 765, Florida Statutes, (designated health case surrogate or other advance directive) or a durable power of attorney under chapter 709, Florida Statutes.

9. *(If a Co-Guardian Advocate sought, complete this paragraph.)* Petitioner requests that _____ be appointed co-guardian advocate of the person of respondent. The proposed co-guardian advocate _____, who is years of age, whose residence is _____, whose post office address is _____, is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. The proposed co-guardian advocate is not a professional guardian. The relationship of the proposed co-guardian advocate with the providers of health care services, residential services, or other services to the respondent is: _____ (if none, indicate: NONE):

The relationship and previous association of the proposed co-guardian advocate to the respondent is _____. The proposed co-guardian advocate should be appointed because: _____

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.

PROPOSED GUARDIAN ADVOCATE

Date: _____
Signature: _____
Printed Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
E-mail Address: _____

PROPOSED CO-GUARDIAN ADVOCATE (If applicable)

Date: _____

Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

PETITION FOR APPOINTMENT OF STANDBY GUARDIAN

_____, Petitioner/Plenary Guardian Advocate of the Person
and of _____ (Developmentally Disabled Adult), hereby petitions
this court for the appointment of _____ as Standby Plenary Guardian
Advocate of the Person.

1. Petitioner, _____, whose address is
_____, is the _____ of
the Developmentally Disabled Adult. He/she would make a good Standby Guardian because

2. _____ (the Developmentally Disabled Adult), was
born on _____, and who is _____ years of age. The
Developmentally Disabled Adult is currently residing at
_____, and the post office address of the
Developmentally Disabled Adult is _____.

3. The nature of the Developmentally Disabled Adult's needs is that he/she is he is
unable is that he/she can do some but not all things for himself/herself and need help with

4. Petitioner feels it is in the Ward's best interest to have _____, appointed the standby guardian by Florida Statutes 744.304 (2021), in the event of Petitioner's death, removal, or resignation.

5. The proposed standby guardian, _____, whose residence is _____, and who is sui juris and otherwise qualified under the laws of Florida to act as standby guardian the person and property of the Ward. The proposed standby guardian is not a professional guardian. The relationship and previous association of the proposed standby guardian to the Ward is daughter. The proposed standby guardian should be appointed because she is the daughter of the Ward, and it is important to have a standby guardian in the event the current guardian is unable to serve.

6. The names and addresses of the next of kin of the Ward are:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>

7. The nature and value of the assets subject to this guardianship are reflected on the attached pages from the most recent Annual Accounting.

8. The proposed standby guardian's application is filed herewith.

WHEREFORE, Petitioner requests the court enter an order appointing _____ as standby guardian for the Ward.

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 _____.

_____, Applicant

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

STANDBY GUARDIAN'S JOINDER IN PETITION

The undersigned joins in the Petition for Appointment of Guardian Advocate of the Person and joins in the Appointment of Standby Guardian Advocate, the undersigned is sui juris (over 18 years of age), and other qualified under the laws of the State of Florida to act in such capacity and waives the requirement of a Notice of Hearing with respect to entry of an Order appointing Standby Guardian advocate, and the undersigned is willing to serve as standby Guardian Advocate.

Signed on this _____ day of _____, 20__.

Print Name: _____
Proposed Standby Guardian

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

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

STATE OF FLORIDA

COUNTY OF _____

I, _____ (Affiant), state under oath that:

1. I will faithfully perform the duties of guardian advocate of the person of _____ (the Ward) according to law.

2. My place of residence is _____
and my post office address is _____.

3. I hereby designate _____, a resident of _____ County, Florida, whose office address is _____ and whose post office address is _____

as my agent for the service of process or notice in any action against me, either in my representative capacity, or personally, if the personal action accrued in the performance of my duties as such guardian advocate.

Print: _____
Affiant

Sworn to (or affirmed) and subscribed before me by means of () physical presence or () online notarization, on _____, _____ by _____, who is personally known to me _____ or who has produced _____ as identification.

Signature
Notary Public State of Florida
My Commission Expires: _____
My Commission Number is: _____

ACCEPTANCE

I CERTIFY that I am a permanent resident of _____ County, Florida, and my office address is indicated above. I hereby accept the foregoing designation as Resident Agent.

Signed on _____, 2021.

Print: _____
Resident Agent

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

**ORDER APPOINTING ATTORNEY AND ELISOR
FOR PERSON WITH DEVELOPMENTAL DISABILITIES**

On the petition of _____ to determine whether
_____, whose age is _____ and whose address is

is in need of a guardian advocate, it is

ADJUDGED as follows:

1. _____, a member of the Florida Bar,
whose office address is _____, _____, and whose
telephone number is _____, is hereby appointed attorney for the alleged incapacitated
person to represent that person in all proceedings involving the petition for determination of
incapacity and appointment of guardian, and, if there be an adjudication of incapacity, to review
the initial guardianship report and represent the ward during any objections thereto. This
appointment may be terminated, subject to approval by order of this Court, if the alleged
incapacitated person substitutes his own attorney for the attorney hereby appointed.

2. _____ is appointed elisor to serve on and read to the alleged incapacitated person the Notice of Petition to Determine Incapacity and all other pleadings required to be served on and read to the alleged incapacitated person at the time of the service of the Notice.

3. All persons having custody, control, or access to the person or property of the alleged incapacitated person, upon request of the above-appointed attorney, are directed to make such person and property, including all medical and financial records requested that pertain to and may affect the proper representation of the alleged incapacitated person, immediately available to that attorney for private consultation, inspection, and study.

ORDERED on _____, 2022.

CIRCUIT JUDGE

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

DESIGNATION OF E-MAIL ADDRESSES PURSUANT TO RULE 2.516

_____, as Plaintiff, hereby designates, pursuant to Rule 2.516
of the Florida Rules of General Practice and Judicial Administration, the following e-mail
address for the purpose of service of all documents required to be served pursuant to Rule 2.516
in this proceeding:

Primary E-Mail Address: _____

I certify that a copy of this document was mailed to _____

_____, on _____.

Petitioner
Address:

Telephone: _____
E-mail: _____

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

JOINDER, WAIVER AND CONSENT

The undersigned, whose name is _____, and who has an interest in this guardianship as next of kin, acknowledges receipt of a copy of the Petition for Appointment of Guardian Advocate, joins in the petition, waives hearing and notice of hearing thereon, and consents to the entry of an order granting the relief requested in the petition.

Signed on this _____ day of _____, 20__.

Print Name: _____

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

**PROOF OF SERVICE
OF PETITION FOR GUARDIAN ADVOCATE OF THE PERSON**

Under penalties of perjury, I swear or affirm that on _____, copies of the Petition for Appointment of Guardian Advocate(s) of the Person was mailed by U.S. Mail, postage prepaid, certified, return receipt requested to:

Signed on this _____ day of _____, 20__.

Printed: _____

Address: _____

E-Mail: _____

Secondary E-Mail: _____

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____

DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

NOTICE OF HEARING
(REMOTE APPEARANCE ONLY)

TO: _____ (Respondent);
_____ (Attorney for respondent);
_____ (Next of kin);
_____ (healthcare surrogate); and
_____ (agent under durable power of attorney)

YOU ARE NOTIFIED that a petition for appointment of guardian advocate of the person has been filed. A copy of the petition for appointment of guardian advocate of the person is attached to this notice. There will be a hearing on the petition as follows:

YOU ARE HEREBY NOTIFIED that the court will conduct a hearing before the Honorable _____, Judge of the above Court, VIA ZOOM VIDEO CONFERENCE HEARING, on _____, at _____ by remote access or as soon thereafter as the same may be heard, the Petition to Determine Incapacity. Due to Covid-19 procedures in place pursuant to Administrative Order Z-2020-035, only electronic, via Zoom video conference appearances will be allowed at the hearing before the Honorable _____.

To appear electronically via Zoom videoconference, please contact the Judicial Assistant at Division10@circuit7.org to make your request at least three (3) days before the scheduled appearance. You must include your name, case number and an email address for the Zoom invitation to be sent.

If participating by cellular phone, in order to avoid a dropped connection and poor reception the participant shall assure that any cellular telephone call is made from an area of sufficient signal strength to assure proper reception and connection and shall avoid any area with background noise.

The reason for this hearing is to inquire into the capacity of the respondent, the person with a developmental disability, to exercise the rights enumerated in the petition. (See § 744.102(12)(b), Fla. Stat.)

The respondent has the right to be represented by counsel of his or her own choice and the court has initially appointed the following attorney to represent the respondent:

Attorney for the respondent:

_____ (name)
_____ (address)
_____ (phone)
_____ (e-mail)

Respondent has the right to substitute an attorney of his or her own choice in place of the attorney appointed by the court.

Dated Signed: _____

Proposed Guardian Advocate
Signature: _____
Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

Proposed Co-Guardian Advocate (if any)
Signature: _____
Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

CERTIFICATE OF SERVICE

I CERTIFY that a copy of the foregoing notice of filing petition to appoint guardian advocate and notice of hearing and a copy of the petition for appointment of guardian advocate of the person was served on all persons indicated above, including on the attorney for the respondent, on _____ (date)

Proposed Guardian Advocate
Signature: _____
Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

Proposed Co-Guardian Advocate (if any)
Signature: _____
Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact [identify applicable court personnel by name, address, and telephone number] at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____

DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

NOTICE OF HEARING
(IN PERSON APPEARANCE)

TO: _____ (Respondent);
_____ (Attorney for respondent);
_____ (Next of kin);
_____ (healthcare surrogate); and
_____ (agent under durable power of attorney)

YOU ARE NOTIFIED that a petition for appointment of guardian advocate of the person has been filed. A copy of the petition for appointment of guardian advocate of the person is attached to this notice. There will be a hearing on the petition as follows:

YOU ARE HEREBY NOTIFIED that you are to appear before the Honorable _____, Judge of the above Court, at _____, on _____, at the courthouse of _____ County, _____ for the hearing of this petition.

The reason for this hearing is to inquire into the capacity of the respondent, the person with a developmental disability, to exercise the rights enumerated in the petition. (See § 744.102(12)(b), Fla. Stat.)

The respondent has the right to be represented by counsel of his or her own choice and the court has initially appointed the following attorney to represent the respondent:

Attorney for the respondent:

_____ (name)
_____ (address)
_____ (phone)
_____ (e-mail)

Respondent has the right to substitute an attorney of his or her own choice in place of the attorney appointed by the court.

Date Signed: _____

Proposed Guardian Advocate
Signature: _____
Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

Proposed Co-Guardian Advocate (if any)
Signature: _____
Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

CERTIFICATE OF SERVICE

I CERTIFY that a copy of the foregoing notice of filing petition to appoint guardian advocate and notice of hearing and a copy of the petition for appointment of guardian advocate of the person was served on all persons indicated above, including on the attorney for the respondent, on _____ (date)

Proposed Guardian Advocate
Signature: _____
Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

Proposed Co-Guardian Advocate (if any)
Signature: _____
Name: _____
Address: _____
Phone Number: _____
E-mail Address: _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact [identify applicable court personnel by name, address, and telephone number] at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

ORDER APPOINTING GUARDIAN ADVOCATE OF THE PERSON

Upon consideration of the petition for the appointment of guardian advocate of the person, the court finds that _____ has a developmental disability of a nature that requires the appointment of guardian advocate of the person based upon the following findings of fact and conclusions of law:

1. The nature and scope of the person's lack of decision-making ability are:

2. The exact areas in which the person lacks decision-making ability to make informed decisions about care and treatment services or to meet the essential requirements for his/her health and safety are specified in number 4.

3. The specific legal disabilities to which the person with a developmental disability is subject to are: _____

4. The powers and duties delegated to the guardian advocate are:

- to apply for government benefits;
- to determine residency;
- to consent to medical and mental health treatment;
- to make decisions about social environment/social aspects of life;
- to make decisions regarding education.

5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, known to petitioner that would sufficiently address the problems of the respondent in whole or in part. Thus, it is necessary that a guardian advocate be appointed to exercise some but not all of the rights of respondent.

6. Without first obtaining specific authority from the court, as stated in section 744.3725, Florida Statutes, the guardian advocate may not exercise any authority over any health care surrogate appointed by any valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this Court.

ORDERED AND ADJUDGED:

1. _____ is qualified to serve and is hereby appointed as guardian advocate of the person of _____.

2. The guardian advocate shall exercise only the rights that the court has found the disabled person incapable of exercising on his or her own behalf, as outlined herein above. Said rights are specifically delegated to the guardian advocate.

DONE AND ORDERED in Chambers in _____, _____ County, Florida.

CIRCUIT JUDGE

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

ORDER APPOINTING GUARDIAN ADVOCATE OF THE PERSON

Upon consideration of the petition for the appointment of guardian advocate of the person, the court finds that _____ has a developmental disability of a nature that requires the appointment of guardian advocate of the person based upon the following findings of fact and conclusions of law:

1. The nature and scope of the person's lack of decision-making ability are:

2. The exact areas in which the person lacks decision-making ability to make informed decisions about care and treatment services or to meet the essential requirements for his/her health and safety are specified in number 4.

3. The specific legal disabilities to which the person with a developmental disability is subject to are: _____

4. The powers and duties delegated to the guardian advocate are:

- to apply for government benefits;
- to determine residency;
- to consent to medical and mental health treatment;
- to make decisions about social environment/social aspects of life;
- to make decisions regarding education.

5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, known to petitioner that would sufficiently address the problems of the respondent in whole or in part. Thus, it is necessary that a guardian advocate be appointed to exercise some but not all of the rights of respondent.

6. Without first obtaining specific authority from the court, as stated in section 744.3725, Florida Statutes, the guardian advocate may not exercise any authority over any health care surrogate appointed by any valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this Court.

ORDERED AND ADJUDGED:

1. _____ and _____ are qualified to serve and are hereby appointed as co-guardian advocates of the person of _____.

2. The co-guardian advocates shall exercise only the rights that the court has found the disabled person incapable of exercising on his or her own behalf, as outlined herein above. Said rights are specifically delegated to the co-guardian advocates.

DONE AND ORDERED in Chambers in _____, _____ County, Florida.

CIRCUIT JUDGE

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

LETTERS OF GUARDIAN ADVOCATE OF THE PERSON

TO ALL WHOM IT MAY CONCERN:

WHEREAS, _____ has been appointed guardian advocate of the person of _____ (the Ward), a person with a developmental disability who lacks the decision-making capacity to do some of the tasks necessary to take care of his/her person; and

NOW THEREFORE, I, the undersigned circuit judge, declare _____ to be duly qualified under the laws of the State of Florida to act as guardian advocate of the person of _____, with full power to exercise the following powers and duties on behalf of the person with a developmental disability:

- () to apply for government benefits;
- () to determine residency;
- () to consent to medical and mental health treatment;
- () to make decisions social environment and social aspects of life; and
- () to make decisions regarding education.

Without first obtaining specific authority from the court, pursuant to sections 744.3215(4) and 744.3725, Florida Statutes, the Guardian Advocate may not:

- a. Commit the respondent to a facility, institution, or licensed service provider without formal placement proceedings pursuant to Chapter 393, Florida Statutes;
- b. Consent to the participation of the respondent to any experimental biomedical or behavior procedure, exam, study, or research;
- c. Consent to the performance of sterilization or abortion procedure on the respondent;
- d. Consent to termination of life support systems provided for the respondent;
- e. Initiate a petition for dissolution of marriage for the ward; or
- f. Exercise any authority over any health care surrogate appointment by a valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this Court.

The respondent shall retain all legal rights except those that are specifically granted to the guardian advocate pursuant to court order.

DONE AND ORDERED on _____.

CIRCUIT JUDGE

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

LETTERS OF CO-GUARDIAN ADVOCATES OF THE PERSON

TO ALL WHOM IT MAY CONCERN:

WHEREAS, _____ and _____
have been appointed guardian advocate of the person of _____
(the Ward), a person with a developmental disability who lacks the decision-making capacity to
do some of the tasks necessary to take care of his/her person; and

NOW THEREFORE, I, the undersigned circuit judge, declare
_____ and _____ to be duly
qualified under the laws of the State of Florida to act as guardian advocate of the person of
_____, with full power to exercise the following powers and duties
on behalf of the person with a developmental disability:

- () to apply for government benefits;
- () to determine residency;
- () to consent to medical and mental health treatment;
- () to make decisions social environment and social aspects of life; and
- () to make decisions regarding education.

Without first obtaining specific authority from the court, pursuant to sections 744.3215(4) and
744.3725, Florida Statutes, the Co-Guardian Advocates may not:

- a. Commit the respondent to a facility, institution, or licensed service provider without formal placement proceedings pursuant to Chapter 393, Florida Statutes;
- b. Consent to the participation of the respondent to any experimental biomedical or behavior procedure, exam, study, or research;
- c. Consent to the performance of sterilization or abortion procedure on the respondent;
- d. Consent to termination of life support systems provided for the respondent;
- e. Initiate a petition for dissolution of marriage for the ward; or
- f. Exercise any authority over any health care surrogate appointment by a valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this Court.

The respondent shall retain all legal rights except those that are specifically granted to the guardian advocates pursuant to court order.

DONE AND ORDERED on _____.

CIRCUIT JUDGE

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

ORDER APPOINTING STANDBY GUARDIAN ADVOCATE OF THE PERSON

On the Petition for the Appointment of Standby Guardian Advocate(s) of the Person, the Court finds that _____ is appointed as the Guardian Advocate(s) of _____, the person with a developmental disability, and on the request by the Guardian Advocate(s) to appoint a Standby Guardian Advocate, it is therefore ORDERED and ADJUDGED:

1. It is necessary for a Standby Guardian Advocate to be appointed to assume the duties of the Guardian Advocate upon the death, adjudication of incapacity, or resignation of the Guardian Advocate(s).

2. _____ is qualified to serve as standby guardian advocate of the person and is hereby appointed as Standby Guardian Advocate of the Person of _____.

3. The Standby Guardian Advocates shall have no authority to execute any of the powers and duties as Guardian Advocate until he/she has taken and filed the prescribed oath and Letters of the Guardian Advocate have been issued by the Court.

4. The Standby Guardian Advocate shall exercise only the rights the Court has found the Ward is incapacitated to exercise as previously filed with this Court.

DONE AND ORDERED on _____

CIRCUIT JUDGE

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

**INITIAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN ADVOCATE OF THE PERSON
(adult ward)**

_____ the guardian advocate of the person of
_____ (the Ward), submits the following plan as the Initial
Guardianship Report of this guardian advocate:

1. The Ward presently resides at _____.
2. During the period beginning _____, 20____, and ending
_____, 20____, the guardian advocate proposes the following plan for the

benefit of the Ward:

a. Medical, mental or personal care services to be provided for the welfare of
the Ward:

b. Social and personal services to be provided for the welfare of the Ward:

c. Place and kind of residential setting best suited for the needs of the Ward:

d. Description of health and accident insurance and any other private or governmental benefits to which the Ward may be entitled to meet any part of the costs of medical, mental health or related services provided to the Ward:

e. Physical and mental examinations necessary to determine the Ward's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations:

3. The guardian hereby attests that

[delete inapplicable statement]

- a. The Ward is totally incapacitated, or
- b. The guardian advocate has consulted with the Ward and, to the extent reasonable, honored the Ward's wishes consistent with the rights retained by the Ward under the plan.

4. To the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.

5. This Initial Guardianship Plan does not restrict the physical liberty of the Ward more than is reasonably necessary to protect the Ward or others from serious physical injury, illness or disease and provides the Ward with medical care and mental health treatment for the Ward's physical and mental health.

6. The following information is submitted concerning preexisting orders not to resuscitate executed pursuant to Florida Statutes Section 401.45(3) and advanced directives as defined in Section 765.101: **[Strike the statement that is not applicable]**

- a. The Ward has no preexisting do not resuscitate order or advance directive.
- b. The Ward has the following do not resuscitate orders and advance directives. Each is identified by title, date of execution and a statement as to whether each has been suspended by the court:

7. Steps taken by the guardian to identify and locate preexisting do not resuscitate orders and advance directives are:

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 _____, 2022.

Guardian
Residence address: _____

Mailing address:

E-mail Address: _____

Telephone: _____

CERTIFICATE OF SERVICE

I CERTIFY that a copy of the foregoing Initial Plan has been served on _____, the court appointed attorney for the ward, by _____, U.S. mail/e-mail (circle one) on _____ (date)

Guardian Advocate

Signature:

Name:

Address:

Phone Number:

E-mail Address: _____

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

PHYSICIAN'S REPORT

(Required by section 744.3675, Florida Statutes)

1. Name of Physician: _____

a. Address: _____

2. Name of Ward: _____

3. Date of examination: _____

4. Purpose of examination:

a. Regular Checkup: _____

b. Treatment for: _____

5. Evaluation of ward's condition: (Specify mental and physical condition at time
of examination) _____

6. Description of ward's capacity to live independently: _____

7. The ward _____ does _____ does not continue to need assistance of a guardian.

8. Is the ward capable of being restored to capacity at this time? ___ Yes ___ No.

Are there any rights that can be restored at this time? Check any rights that can be restored:

- _____ to marry;
- _____ to vote;
- _____ to have a driver license;
- _____ to travel;
- _____ to seek or retain employment;
- _____ to contract;
- _____ to sue and defend lawsuits;
- _____ to apply for government benefits;
- _____ to manage property or to make any gift or disposition of property;
- _____ to determine his or her residence;
- _____ to consent to medical and mental health treatment; or
- _____ to make decisions about his or her social environment or other social aspects of his or her life.

9. Date of this report: _____

10. Signature of physician completing this report: _____

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

**ANNUAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN ADVOCATE(S) OF PERSON
(adult ward)**

_____ and _____, the guardian
advocate(s) of the person of _____ (the Ward), submit the following
plan as the Annual Guardianship Report of the guardian advocate(s):

The Annual Guardianship Plan for the period beginning _____, 20___, and
ending _____, 20___, shall be as follows:

1. The Ward's address at the time of filing the plan is _____.

2. During the preceding year, the Ward was maintained at (include dates, names,
addresses and length of stay at each place):

LOCATION	DATES	LENGTH OF STAY
----------	-------	----------------

3. The current residential setting is best suited for the current needs of the Ward.

4. Plans for ensuring that the Ward is in the best residential setting to meet the
Ward's needs during the coming year are as follows:

5. The following is a description of the Ward's medical, mental health and rehabilitation needs:

6. The following preexisting orders not to resuscitate executed under Fla. Stat. § 401.45(3) and preexisting advance directives, as defined in Fla. Stat. § 765.101, have been identified and located:

The following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

7. The following is a description of professional medical treatment given to the Ward during the preceding year:

NAME OF PHYSICIAN	TREATMENT	DATE
-------------------	-----------	------

8. Attached is a report of a physician who examined the Ward no more than 90 days before the beginning of the report period, containing an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

9. The plan for providing medical, mental health and rehabilitative services in the coming year is as follows:

10. The following information is submitted concerning the social condition of the Ward:

a. The social and personal services currently used by the Ward are as follows:

NAME AND ADDRESS	SERVICES RENDERED
------------------	-------------------

b. The following is a statement of the social skills of the Ward, including how well the Ward communicates and maintains interpersonal relationships:

c. The following is a description of the social needs of the Ward:

11. The following is a summary of activities during the preceding year that were designed to enhance the capacity of the Ward:

12. The Ward is/is not now capable of having some or all of the Ward's rights restored. If so, the rights that should be restored are identified as follows:

13. We do/do not plan to seek the restoration of any rights to the Ward.

14. This plan has been reviewed with the Ward to the extent possible.

15. _____ and _____ have received the following remuneration for services rendered to or on behalf of the Ward:

Under penalties of perjury, we declare that we have read the foregoing, and the facts alleged are true, to the best of our knowledge and belief.

Signed on this _____ day of _____, 20__.

_____, Guardian Advocate

Residence address:

Mailing address:

E-mail Address: _____

Telephone: _____

_____, Guardian Advocate
Residence address: _____

Mailing address: _____

E-mail Address: _____
Telephone: _____

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
_____ COUNTY, FLORIDA

CASE NO.: _____
DIVISION: _____

IN RE: The Guardian Advocate of

A Person with Developmental Disabilities.

NOTICE OF FILING

COMES NOW the undersigned gives notice of filing the following documents in this proceeding:

Respectfully submitted on _____, 20_____.

Guardian
Residence address: _____

Mailing address: _____

Telephone: _____
Email address: _____