

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT IN  
AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE \_\_\_\_\_ )  
 ) Case No.  
 )  
A Developmentally Disabled Person )

NOTICE OF JOINT PETITION FOR CO-GUARDIAN ADVOCACY

Now comes \_\_\_\_\_ and \_\_\_\_\_, who  
hereby file this notice and state as follows:

1. The Petition for Guardian Advocacy filed in the above-captioned matter is to obtain an Order granting Co-Guardian Advocacy for the Developmentally Disabled person who is the subject of the above-captioned matter.

2. By our signatures below, we hereby swear and affirm that we jointly request this Honorable Court grant our request and Order that we are Co-Guardian Advocates of the person who is the subject of the above-captioned matter.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name:

Address:

City, State, Zip:

Tel:

Email:

Co-Guardian Information

Co-Guardian Information

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
\_\_\_\_\_ COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF

CASE NO. \_\_\_\_\_  
PROBATE DIVISION

**APPLICATION FOR APPOINTMENT AS CO-GUARDIAN ADVOCATE**

Pursuant to Section 393.12 of the Florida Guardian Advocate Law, the undersigned submits this Application for Appointment as Guardian Advocate/Co-Guardian Advocate of \_\_\_\_\_, and submits the following information:

1. Name: \_\_\_\_\_

2. Age: \_\_\_\_\_ D.O.B- \_\_\_\_\_

3. Residence Address (Street no. and name): \_\_\_\_\_  
Residence Address: City, State, Zip: \_\_\_\_\_

4. Is Mailing Address same? \_\_\_\_ If not, Mailing Address: \_\_\_\_\_

5. U.S. Citizen? Yes \_\_\_\_, No \_\_\_\_\_

6. Employer Name & Address: \_\_\_\_\_

7. Applicant's Position: \_\_\_\_\_

8. Home Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work Telephone Number: \_\_\_\_\_

9. If currently serving as guardian/guardian advocate for any other ward, list names of each ward, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the limited or plenary guardian or guardian advocate of the person or property or both:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does applicant have any physical disabilities? Yes \_\_\_\_ No \_\_\_\_ If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian advocate:

\_\_\_\_\_  
\_\_\_\_\_

11. Has applicant ever been treated for the following:

- a. Mental Condition      Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Alcohol                      Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Drugs                      Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Other                      Yes \_\_\_\_\_ No \_\_\_\_\_

Nature of condition and summary of treatment:

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12. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_

13. 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 Sections 415.104 and 415.1075, Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date and complete details:

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15. Has applicant ever been charged with, arrested for or convicted of a felony?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details including date, type of offense, location and final disposition:

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16. Has applicant ever been charged with, arrested for or convicted of any other crimes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details including date, type of offense, location and final disposition:

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17. Has applicant ever held a position which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe position, date, amount of bond and name of surety:

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18. Has applicant, in the past, ever served as guardian/guardian advocate of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below, including reason for termination of fiduciary position:

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19. Has applicant ever been held in contempt of court or removed as a guardian/guardian advocate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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20. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state date and location of court:

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21. What is applicant's relationship with the person with a developmental disability?

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22. Is applicant, or applicant's business, corporation, or other business entity a creditor of, or providing professional, personal or business services to the person with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details below:

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23. Is applicant employed by a business, corporation, or other business entity which is providing professional, personal or business service to the person with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details below:

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24. Is applicant a health care provider for the person with a developmental disability?  
Yes \_\_\_\_\_ No \_\_\_\_\_

25. Educational history of applicant:

Name and Address

Degree

Date

High school:

College:

Other:

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

Name and address

Start Date

End Date

Reason for leaving

27. Has applicant ever been discharged from employment by any employer listed above?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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28. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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29. Has applicant received instruction and training which covered the legal duties and responsibilities of guardian/guardian advocate, the rights of an incapacitated person or Ward, the availability of local resources to aid a Ward, and the preparation of habitual plans and annual guardian advocate reports, including financial accounting for the ward's property?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, indicate when and where training was received: \_\_\_\_\_

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.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

STATE OF  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by Affiant who's name is \_\_\_\_\_ and who is: PERSONALLY KNOWN TO ME [ ], or has produced IDENTIFICATION [ ], to wit: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
\_\_\_\_\_ COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF

CASE NO. \_\_\_\_\_  
PROBATE DIVISION

**PETITION FOR APPOINTMENT OF CO-GUARDIAN ADVOCATE**

Petitioner, \_\_\_\_\_, alleges the following:

1. Petitioner's name: \_\_\_\_\_

2. Age: \_\_\_\_\_ D.O.B- \_\_\_\_\_

3. Residence Address (Street no. and name): \_\_\_\_\_  
Residence Address: City, State, Zip: \_\_\_\_\_

4. The name of the person in need of a Guardian Advocate due to a developmental disability is:  
\_\_\_\_\_

The nature of this person's developmental disability is:  
\_\_\_\_\_

This person's age is: \_\_\_\_\_ and this person's date of birth is: \_\_\_\_\_

The Petitioner's relationship to the person with a developmental disability is:  
\_\_\_\_\_

The Petitioner believes a Guardian Advocate is necessary because: The ward is not capable of exercising those rights, duties, and obligations which are necessary and accompany adult life. The ward is not capable to paying bills, managing money, ensuring that the ward goes to the doctor or dentist on time, and generally, almost all of the aspects of modern life and maintaining a person's necessary sociological requirements. To survive, the ward needs help and guidance.

5. Some of the specific and exact areas in which the person with a developmental disability lacks the decision-making ability to make informed decisions about his or her care and treatment services or to met the essential requirements for his or her physical health or safety are:

- a. To personally apply for benefits
- b. To contract
- c. To choose social environment
- d. To sue and defend lawsuits and address legal matters
- e. To consent to medical treatment
- f. To determine residence

6. The name and address and relationship to the person with a developmental disability of the proposed guardian advocate is: \_\_\_\_\_,  
and the relationship of the proposed guardian advocate had or has with a provider of health care services, or other services to the person with a developmental disability is: No relationship with health care providers except that they are the ward's physicians and are known through their services.

7. Name and address of next of kin are: \_\_\_\_\_  
\_\_\_\_\_

8. Petitioner(s) propose(s) that he/she/they be appointed Guardian/co guardian Advocate(s).

WHEREFORE: Petitioner requests appointment as Guardian Advocate of the above-captioned person. Petitioner declares residency of \_\_\_\_\_ County and 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant:

STATE OF  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by Affiant who's name is \_\_\_\_\_ and who is: PERSONALLY KNOWN TO ME [ ], or has produced IDENTIFICATION [ ], to wit: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
\_\_\_\_\_ COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF

CASE NO. \_\_\_\_\_  
PROBATE DIVISION

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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, (Affiant), state under oath that:

1. I will faithfully perform the duties of Guardian Advocate(s) of the above-captioned person, (the Ward), according to law and accept the Designation as Resident Agent.

2. My place of residence and mailing address is:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant, Resident Agent, Applicant.

STATE OF  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by Affiant  
who's name is \_\_\_\_\_ and who is: PERSONALLY KNOWN TO  
ME [ ], or has produced IDENTIFICATION [ ], to wit: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
\_\_\_\_\_ COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF

CASE NO. \_\_\_\_\_  
PROBATE DIVISION

**DESIGNATION OF EMAIL ADDRESS, PRIMARY ADDRESS FOR  
SERVICE OF PAPERS AND NOTICE OF CURRENT RESIDENCE ADDRESS**

*Instructions: A party not represented by an attorney may choose to designate e-mail address(es) for service. A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the exclusive means of service.*

**1. Notice of Email Designation:**

I, *(full legal name)* \_\_\_\_\_, being sworn, certify that

my current E-Mail address is \_\_\_\_\_.

I hereby designate my E-Mail address for receipt of all future papers in this case. I understand that in the future I may change my address if I wish to be served at a physical location by filing an amended designation of primary address for service of papers form.

**2. Notice of current address:**

I, *(full legal name)* \_\_\_\_\_, being sworn, certify  
that my current physical mailing address is (Street) \_\_\_\_\_

\_\_\_\_\_,

(Telephone Number) \_\_\_\_\_ (Fax ) \_\_\_\_\_

I understand that I must keep the clerk's office and the opposing party or parties notified of my current address and that all future papers in this case will be served at the address(es) on record at the clerk's office. 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.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by Affiant  
who's name is \_\_\_\_\_ and who is: PERSONALLY KNOWN TO

ME [ ], or has produced IDENTIFICATION [ ], to wit: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

#### CERTIFICATE OF SERVICE

I hereby swear and affirm that a copy of the preceding document was hand-delivered, faxed, and/or mailed to the attorney for the opposition, or to the opposition if unrepresented, to wit: Opposition through service of process and/or appointed/retained counsel, on this, the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_