

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

IN RE: THE GUARDIANSHIP OF

\_\_\_\_\_,  
Respondent.  
\_\_\_\_\_/

Case No: \_\_\_\_\_  
Division: Guardianship

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

TO: (Respondent's name, address)  
(Attorney/Elisor's name, address)

YOU ARE HEREBY NOTIFIED that a Petition has been filed 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 before (Judge) \_\_\_\_\_ of the above Court, at the (Name, address of court), \_\_\_\_\_ Florida, on (date) at (time) A.M./P.M.

The reason for this hearing is to determine whether a guardian advocate is to be appointed over your person. Pursuant to Rule 5.649, Fla.Prob.R., notice of the filing of this Petition must be given to the person with a developmental disability, both verbally and in writing, in the language of the person and in English. Notice must also be given to the person with a developmental disability's next of kin, any designated health care surrogate, an attorney-in-fact designated in a durable power of attorney, and such other persons as the court may direct. A copy of the Petition to Appoint a Guardian advocate must be served with this Notice.

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, E-mail address and telephone number of the attorney are: (name, address, E-mail address and telephone number of the attorney)

\_\_\_\_\_  
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 may be appointed to exercise those rights on your behalf. If a guardian is appointed, the guardian may have full or partial control of your real estate and personal property, may have the care and custody of your person, and may have the right to regulate certain or all of your activities.

\_\_\_\_\_  
Petitioner or Petitioner's Attorney

\_\_\_\_\_  
Date

Certificate of Service

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice has been provided to:

Attorney/Elisor (Attorney/Elisor's name, address, email address) \_\_\_\_\_ via  
(manner of service) \_\_\_\_\_

Respondent (Name, address and manner of service)

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Date

**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 Court Administrative Services Manager, for the local jurisdiction, 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.**