

# **Guardian Advocacy Forms**

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**FORM A**  
**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT**  
**FOR HILLSBOROUGH COUNTY, FLORIDA**  
**Probate, Guardianship, Mental Health and Trust Division**

**IN RE: GUARDIAN ADVOCACY OF**

**CASE NO.:**

**A Person with a Developmental Disability,**  
\_\_\_\_\_ /

**DIVISION: A**

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

Pursuant to Sections 744.3125 of the Florida Guardianship Law, the undersigned submits this Application for Appointment as Guardian/Co-Guardian Advocate of \_\_\_\_\_ (the person with a development disability) and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date and Place of Birth: \_\_\_\_\_
4. Residence address: \_\_\_\_\_
5. Mailing address: \_\_\_\_\_
6. Email address: \_\_\_\_\_
7. U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Employer's name and address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's position: \_\_\_\_\_

9. Marital status and name of spouse, if any: \_\_\_\_\_

- \_\_\_\_\_  
10. Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

11. Length of residence in county wherein application is filed: \_\_\_\_\_
12. If currently serving as a guardian for any other ward, list names of each ward, court file number(s), circuit court(s) in which the case(s) is/are pending and whether applicant is acting as the limited or plenary guardian of the person or property or both: \_\_\_\_\_

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13. If you are a professional guardian, please indicate month, day, and year in which you were appointed on your third case:

14. 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: \_\_\_\_\_

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15. 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: \_\_\_\_\_

If "yes" was answered to any of the above, please state date, time, location of treatment and name of physician or professional involved: \_\_\_\_\_

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

17. 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 \_\_\_\_

18. 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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19. Has applicant ever been charged with, arrested for, or convicted of a felony, even if the record of such arrest or conviction has been expunged, unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish details including date, type of offense, location and final disposition:

20. 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:

21. Has applicant ever held a position, which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe position, date, amount of bond and name of surety:

22. Has applicant, in the past, ever served as guardian of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below, including reason for termination of fiduciary position: \_\_\_\_\_

23. Has applicant ever been held in contempt of court or removed as guardian? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below:

24. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state date and location of court:

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25. Has the applicant ever been found guilty, plead nolo contendere or guilty of an offense prohibited by Florida Statutes 435.04 or similar statute of another jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, to include date, type of offense, location, and final disposition:

26. What is applicant's relationship to the alleged the person with a developmental disability?

27. Is applicant, or applicant's business, corporation or other business entity a creditor of, or providing substantial professional, personal, or business services to the person with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish details:

28. Is applicant employed by a person, agency, government, corporation or other business entity, which is providing professional, personal or business services to the person with a developmental disability?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish details:

29. Is applicant a health care provider for the person with a developmental disability?

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

30. Educational history of applicant:

Name and address

Degree

Date

High school: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

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

Name and address

Date(s)

Reason for leaving

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32. Has applicant ever been discharged from employment: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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33. Has applicant ever been a member of the armed forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what branch, dates and military serial number:

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34. PERSONAL REFERENCES. Please give the names, addresses and telephone numbers of three (3) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse:

Name and address

Telephone number

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35. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below: \_\_\_\_\_

36. Has applicant received instruction and training, which covered the legal duties and responsibilities of a guardian, the rights of a ward, the availability of local resources to aid a ward, and the preparation of habilitation plans and annual guardianship 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.

Signed on \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Petitioner)

FORM B

(Please obtain the Clerk's Application for Determination of Civil Indigent Status)  
Directly from the Office of the Clerk of Court)

FORM C  
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA  
Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

A Person with a Developmental Disability,  
\_\_\_\_\_ /

DIVISION: A

**WAIVER AND CONSENT TO APPOINTMENT OF GUARDIAN ADVOCATE**

The undersigned, \_\_\_\_\_, whose complete name and address are:

\_\_\_\_\_  
\_\_\_\_\_ ,

and who has an interest in the above Guardian Advocacy as the (brother/sister/parent/child)

\_\_\_\_\_ of the person with a developmental disability/Ward,

acknowledges receipt of a copy of the Petition for Appointment of Guardian/Co-Guardian Advocate(s) and hereby waives hearing and notice of hearing thereon, and consents to the settlement and entry of an order granting the relief requested in the Petition without notice or hearing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

FORM D  
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA  
Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

A Person with a Developmental Disability,  
\_\_\_\_\_ /

DIVISION: A

**PETITION FOR APPOINTMENT OF GUARDIAN/CO-GUARDIAN ADVOCATE(S)**

Petitioner(s), \_\_\_\_\_, allege:

1. Petitioner \_\_\_\_\_'s residence is \_\_\_\_\_ and mailing address is \_\_\_\_\_.

2. (If Co-Guardian Advocacy is sought, list 2<sup>nd</sup> Petitioner here. If none, write "none")  
Petitioner \_\_\_\_\_'s residence is \_\_\_\_\_ and mailing address is \_\_\_\_\_.

3. Petitioner's date of birth is \_\_\_\_\_ and is an adult, age \_\_\_\_\_.  
Petitioner's relationship to \_\_\_\_\_, the person with a developmental disability (hereinafter the "Ward") is \_\_\_\_\_.

4. (If Co-Guardian Advocate, list 2<sup>nd</sup> Petitioner here. If none, write "none")  
Petitioner's date of birth is \_\_\_\_\_ and is an adult, age \_\_\_\_\_. Petitioner's relationship to the Ward is \_\_\_\_\_.

5. \_\_\_\_\_ is a person with a developmental disability, who was born on \_\_\_\_\_, and who is \_\_\_\_\_ years of age. The Ward's primary language is \_\_\_\_\_ and the Ward's Social Security number is \_\_\_\_\_. (Requires filing of Notice of Confidential Information Within Court Filing pursuant to FRJA 2.420(d)(2)). The Ward resides in Hillsborough County, Florida, and his/her residential address is \_\_\_\_\_ and his/her mailing address is: \_\_\_\_\_.

6. The Ward's next of kin is/are: (include names and addresses of any non-petitioning parent and any adult siblings: \_\_\_\_\_  
\_\_\_\_\_

7. The Petitioner(s) believe that the Ward is in need of a Guardian Advocate due to his/her developmental disability which manifested itself prior to the age of eighteen (18), specifically (choose one or all that apply): ( ) intellectual disability; ( ) cerebral palsy; ( ) autism;

( ) Spina Bifida; ( ) Prader-Willi syndrome; ( ) Down syndrome; ( ) Phelan-McDermid syndrome. As a result, the Ward essentially functions at the grade level of \_\_\_\_\_ and all medical probability indicates that this condition will not change.

8. The Petitioner(s) believe(s) a Guardian Advocate is necessary because the Ward lacks the decision-making ability to make informed decisions about the Ward's own person, specifically the following rights: (check all which apply)

- ( ) to personally apply for and manage government benefits
- ( ) to contract
- ( ) to sue and defend lawsuits
- ( ) to manage property or make any gift or disposition of property
- ( ) to determine his/her residency
- ( ) to consent to medical and mental health treatment
- ( ) to make decisions about his/her social environment/social aspects of his/her life

- ( ) to marry
- ( ) to vote
- ( ) to travel without assistance or supervision
- ( ) to have a driver's license
- ( ) to seek or retain employment

9. Petitioner(s) is/are willing and able to act as Guardian Advocate for the Ward, and should be appointed as Guardian Advocate because Petitioner(s) is/are the Ward's \_\_\_\_\_ (insert relationship to Ward), is willing to serve in that capacity, and is best qualified to act on the Ward's behalf.

10. The Petitioner(s) further state(s) that the Ward is unable to understand the concept of legal representation and cannot afford an attorney for representation at this proceeding.

11. In accordance with Probate Rule 5.649(a)(7), Petitioner(s) has/have knowledge, information or belief that the Ward (has) (has not) – CHOOSE ONE – created an advanced directive or a durable power of attorney.

12. The Petitioner(s) further state(s) that the Ward is indigent, having no assets and no income other than public assistance and requests that the Court waive all costs incurred commencing this case and direct the Clerk of the Circuit Court to void all charges related to same.

13. The Petitioner(s) request(s) this Court set a hearing to inquire into the capacity of the Ward, and should the Court determine it is appropriate to do so, enter an Order appointing \_\_\_\_\_ (Insert Guardian/Co-Guardian's name(s)) as Guardian Advocate(s) for \_\_\_\_\_ (the Ward).

14. Petitioner(s) file(s) with this Court his/her/their Application(s) for Appointment as Guardian Advocate which provides the Social Security Number of the proposed Guardian Advocate(s), so that a criminal records check can be conducted by the Court, pursuant to the

applicable Administrative Order of the Court. Further, Petitioner(s) also submits his/her/their credit report(s) to the Court for review prior to the hearing, pursuant to the applicable Administrative Order of the Court.

15. The Petitioner(s) further request(s) that this Court allow the Guardian Advocate(s) to file a Simplified Annual Plan without the necessity of a physician's statement, after the filing of and the Court's approval of a full Initial Plan and the First Annual Plan.

Under penalties of perjury, I/We declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Petitioner)

(If co-Guardians, both sign)

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Co-Petitioner)

#### CERTIFICATE OF SERVICE

I, \_\_\_\_\_, do hereby certify that a true and correct copy of the attached Petition to Appoint Guardian/Co-Guardian Advocate, has been furnished by (type of mail) \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to the following \_\_\_\_\_ persons, at \_\_\_\_\_ the \_\_\_\_\_ address \_\_\_\_\_ specified:

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

Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Petitioner)

Form E

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND FOR  
HILLSBOROUGH COUNTY, FLORIDA PROBATE & GUARDIANSHIP DIVISION**

**IN RE: GUARDIAN ADVOCACY OF**

**CASE NO. -CP-**

**DIVISION:**

**Developmentally Disabled**

**REPORT OF HEALTHCARE PROFESSIONAL**

HEALTHCARE PROFESSIONAL'S NAME: \_\_\_\_\_

PROFESSION, INCLUDING SPECIALTY: *(e.g., Physician, Nurse Practitioner, Psychologist, etc.)*

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

FOR: (patient's name) \_\_\_\_\_

DATE: \_\_\_\_\_

This will verify that (patient) \_\_\_\_\_ has been a patient of mine  
since (date) \_\_\_\_\_ and that his / her diagnosis and the associated disabilities, are as  
follows:

Intellectual Disability

Cerebral Palsy

Autism

Spina Bifida

Down Syndrome

Phelan-McDermid Syndrome

Prader-Willi Syndrome

Other: (specify) \_\_\_\_\_

\_\_\_\_\_

With the extent of these medical problems, I feel that \_\_\_\_\_ is unable  
to handle personal matters regarding finances and physical well-being and that a guardian advocate  
should be appointed to act on his / her behalf.

\_\_\_\_\_  
SIGNATURE

FORM F

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA  
Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

A Person with a Developmental Disability,  
\_\_\_\_\_ /

DIVISION: A

OATH OF GUARDIAN/(CO)GUARDIAN ADVOCATE, DESIGNATION OF  
RESIDENT AGENT & ACCEPTANCE  
(Each Guardian Advocate must sign an Oath)

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

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

1. I will faithfully perform the duties of Guardian/Co-Guardian Advocate of the Person of \_\_\_\_\_ (the Ward), according to law and accept the Designation as Resident Agent.
2. My place of residence is \_\_\_\_\_ and post office address is \_\_\_\_\_.

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

(Affiant – Resident Agent)

Sworn to and subscribed before me on \_\_\_\_\_ (month) \_\_\_\_\_ (day), 20\_\_\_\_, by  
Affiant, who is personally known to me or who produced \_\_\_\_\_ as  
identification.

\_\_\_\_\_  
Notary Public State of Florida  
My Commission Expires:

FORM G

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA  
Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

A Person with a Developmental Disability,  
\_\_\_\_\_ /

DIVISION: A

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), the filer of a court record at the time of filing shall indicate whether any confidential information is included within the document being filed; identify the confidentiality provision that applies to the identified information; and identify the precise location of the confidential information within the document being filed.

Title/Type of Document(s):

- ( ) Petition for Appointment of Guardian/Co-Guardian Advocates of Person,  
Page(s)\_\_\_\_\_, Paragraph(s)\_\_\_\_\_;
- ( ) Application of \_\_\_\_\_ for Appointment as Guardian Advocate,  
Page(s)\_\_\_\_\_, Paragraph(s)\_\_\_\_\_;
- ( ) Application of \_\_\_\_\_ for Appointment as Co-Guardian  
Advocate, Page(s)\_\_\_\_\_, Paragraph(s)\_\_\_\_\_; (if there is co-Guardian)
- ( ) Confidential Psychological Report, Entire report.
- ( ) Credit report(s)  
of \_\_\_\_\_ (if more  
than one Guardian, list both names), Entire Report.
- ( ) Copy of Death Certificate of deceased parent of Ward, Entire report.

Indicate the applicable confidentiality provision(s) below from Rule 2.420(d)(1)(B), by specifying the location within the document on the space provided:

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Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Filer)

Note: The clerk of court shall review filings identified as containing confidential information to

determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision(d)(3) of Rule 2.420.

FORM H

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA  
Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

A Person with a Developmental Disability,  
\_\_\_\_\_ /

DIVISION: A

**NOTICE OF PETITION TO APPOINT GUARDIAN ADVOCATE**  
**UNDER 393.12, FLORIDA STATUTES**

**THIS NOTICE MUST BE READ TO THE PERSON WITH DEVELOPMENTAL  
DISABILITY(IES)**

*(In the language of the Person and in English)*

TO:[SUBJECT'S NAME]  
[Address for Service]

[NEXT OF KIN'S NAME(S)]  
[Address(es) for Service]

1. **YOU ARE HEREBY NOTIFIED** that a Petition has been filed seeking to appoint a Guardian Advocate for the person (and government benefits, if applicable) of \_\_\_\_\_. A copy of the Petition to Appoint Guardian Advocate, pursuant to 393.12(2) Fla. Stat., is either attached to this notice or has already been provided to you. There will be a hearing on the Petition to Appoint Guardian Advocate before \_\_\_\_\_, in Courtroom/Hearing Room \_\_\_\_ of the Hillsborough County Edgecomb Courthouse, Tampa, Hillsborough County, Florida, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_\_:\_\_\_\_ a.m./p.m.

2. The reason for this hearing is to inquire into \_\_\_\_\_'s capacity to exercise the rights enumerated in the petition and to determine whether a guardian advocate should be appointed over \_\_\_\_\_'s person or government benefits or both.

3. **For the person with a developmental disability ONLY:** You have the right to an attorney, and one has been appointed to represent you. The name, address and telephone number of the attorney are as follows:

Name	
Address	
Phone	
Email	

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

### CERTIFICATE OF SERVICE

I HEREBY CERTIFY, under penalties of perjury, that a copy of the foregoing Notice was read to the alleged developmentally disabled person on \_\_\_\_\_, 20\_\_, and that a copy of the Petition for Appointment of Guardian Advocate was furnished to the alleged developmentally disabled person on \_\_\_\_\_.

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 (Petitioner)

**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 ADA Coordinator, Hillsborough County Courthouse, 800 E. Twiggs St., Room 604, Tampa, FL 33602 at (813) 272-7040, 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**

Form I

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA  
PROBATE, GUARDIANSHIP, MENTAL HEALTH AND TRUST DIVISION

IN RE: THE GUARDIAN ADVOCACY OF

CASE NO. -CP-

DIVISION:

Developmentally disabled person.

**NOTICE OF HEARING BEFORE GENERAL MAGISTRATE**

To: All interested parties and the court appointed attorney for the AIP:

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

**YOU WILL PLEASE TAKE NOTICE** there will be a hearing on the Petition to Appoint Guardian Advocate on \_\_\_\_\_ before General Magistrate \_\_\_\_\_ on \_\_\_\_\_ in Courtroom \_\_\_\_\_ of the George Edgecomb Courthouse, 800 East Twiggs Street, Tampa, FL 33602.

**TIME RESERVED: 15 minutes**

**PLEASE BE GOVERNED ACCORDINGLY.**

**NOTICE:** In the event that English/Spanish interpretative assistance is required for this hearing, you must immediately contact the Office of Court Interpreters at (813) 272-5947. No other interpretative assistance will be accepted by the court.

In accordance with the Americans with Disabilities Act of 1990, persons needing a special accommodation to participate in this proceeding should contact the ADA Coordinator for proceedings in court or out of court proceedings no later than seven (7) days before the proceeding. Telephone 813-272-7040 for assistance. If hearing impaired, telephone (TAD) 1-800-955-8770 for proceedings in court or Florida Relay Service 1-800-955-8771 for out of court proceedings.

**YOU ARE HEREBY ADVISED THAT IN THIS CIRCUIT:**

Electronic recording is provided by the court. A party may provide a court reporter at

that party's expense.

I HEREBY CERTIFY that a true and correct copy of the above and foregoing has been furnished to the above addressees, by U.S. Mail, or indicated e-mail address, this

\_\_\_\_\_.

\_\_\_\_\_  
**Petitioner**

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Form J**  
**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT**  
**IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA**  
**PROBATE, GUARDIANSHIP, TRUST AND MENTAL HEALTH DIVISION**

**IN RE: THE GUARDIAN ADVOCACY OF**

**CASE NO:        - CP -**

**A Developmentally Disabled Person.**

**DIVISION:    A**

**ORDER APPOINTING GUARDIAN ADVOCATE**  
***(developmentally disabled, person and property)***

1.        The nature of the incapacity of \_\_\_\_\_ (the Ward) is *developmental disability in the form of intellectual disability*, the scope of the Ward's disability being such that the Ward functions at the level of a young child, a condition that, in all medical probability, will not change.

2.        The Ward lacks the capacity to make informed decisions regarding any aspect of care or treatment, is unable to meet any essential requirements for his own physical health and safety and cannot exercise on his own behalf, any of the following rights: to contract; to sue and defend lawsuits; to apply for government and other public benefits; to manage property or make any gift or disposition of the same; to determine residence; to consent to medical, surgical and mental health treatment; and to consent to marriage.

3.        The Ward's specific legal disabilities are *intellectual disability* and other related health conditions resulting in an operational level commensurate with that of a young child.

4.        It is necessary for a Guardian Advocate to be appointed for the Ward, the Guardian Advocate having the power and duty to exercise on behalf of the Ward the following rights:

- a.        To contract; and
- b.        To sue and defend lawsuits; and
- c.        To apply for government and other public benefits; and
- d.        To manage property or make any gift or disposition of the same; and
- e.        To determine residence; and
- f.        To consent to medical, surgical and mental health treatment; and
- g.        To consent to marriage.

It is, therefore,

**ADJUDGED** as follows:

\_\_\_\_\_ is qualified to serve, and is hereby appointed as Guardian Advocate of the person and property of \_\_\_\_\_, a developmentally disabled person, with the power and duty to exercise on behalf of \_\_\_\_\_ those rights described in paragraphs 4a through 4g above.

**DONE and ORDERED** in Chambers at Tampa, Florida, this \_\_\_\_\_.

\_\_\_\_\_  
**CIRCUIT COURT JUDGE**

Copies to:

FORM K  
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA  
Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

DIVISION: A

Ward.

\_\_\_\_\_ /

**LETTERS OF GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF THE PERSON**

TO ALL WHOM IT MAY CONCERN:

WHEREAS, \_\_\_\_\_ has/have been appointed  
Guardian/Co-Guardian Advocate(s) of the Person of  
\_\_\_\_\_, a person with a developmental disability who  
lacks the decision-making capacity to do SOME/ALL of the tasks necessary to take care of his  
person; and

WHEREAS, the Guardian/Co-Guardian Advocate(s) has taken and filed the prescribed  
oath and performed all other acts prerequisite to the issuance of Letters of Guardian/Co-Guardian  
Advocate(s) of the Person;

NOW, THEREFORE, I, the undersigned circuit judge, declare that  
\_\_\_\_\_ is duly qualified under the laws of the State of Florida to  
act as Guardian/Co-Guardian Advocate(s) of the Person of  
\_\_\_\_\_ with full power to exercise the following  
powers and duties on behalf of the person with a developmental disability:

- ☐ to determine his/her residency
- ☐ to consent to medical and mental health treatment
- ☐ to make decisions about his/her social environment/social aspects of his/her life
- ☐ to act as representative payee of government benefits or seek such benefits

☐

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Without first obtaining specific authority from the Court, as stated in section 744.3725, Florida Statutes, the Guardian/Co-Guardian Advocate(s) may not:**

- (a) commit the person with a developmental disability 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 person with a developmental disability in any experimental biomedical or behavior procedure, exam, study, or research;
- (c) consent to the performance of a sterilization or abortion procedure on the disabled person;
- (d) consent to termination of life support systems provided for the person with a developmental disability
- (e) initiate a petition for dissolution of marriage for the ward
- (f) 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.

\_\_\_\_\_ (the person with developmental disability) shall retain all legal rights except those which are specifically granted to the Guardian/Co-Guardian Advocate(s) pursuant to court order.

**DONE AND ORDERED** in chambers at \_\_\_\_\_, Hillsborough County, Florida on \_\_\_\_\_.

\_\_\_\_\_  
Circuit Court Judge

FORM L

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA**

**Probate, Guardianship, Mental Health and Trust Division**

**IN RE: GUARDIAN ADVOCACY OF**

**CASE NO.:**

**Ward,**

**DIVISION: A**

\_\_\_\_\_/

**INITIAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)  
OF GUARDIAN OF THE PERSON**

\_\_\_\_\_, the Guardian (s)  
of the person of \_\_\_\_\_, (the Ward), submits the following plan  
as the Initial Guardianship Plan of this guardian:

1. During the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending  
\_\_\_\_\_, 20\_\_\_\_, the Guardian(s) propose(s) the following plan for the benefit  
of the ward, which is based upon the Order Appointing a Guardian/Co-Guardian Advocate(s):

a. Medical, mental or personal care services to be provided for the welfare of  
the Ward (*Which doctor(s) does the ward visit regularly? What kind of assistance does the  
ward require for activities of daily living? Does the ward require any mental health care?*):

b. Social and personal services to be provided for the welfare of the Ward (*The  
Guardian must detail all services provided to or for the ward, including any services  
provided by friends, family, paid caregivers or facility staff.*):

c. Place and kind of residential setting best suited for the needs of the Ward  
*(Please list the ward's address, name and type of facility, if applicable, and describe why this is the best, least restrictive, living arrangement for 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 *(list all types of income/benefits received by or for the ward, for example, Social Security, pensions, Medicare, Medicaid, etc.)*

:

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 *(What care providers does the guardian intend to have the ward see in the coming reporting period):*

2. The Guardian(s) hereby attest(s) that the Guardian(s) has/have 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, and to the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.

3. 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.

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 the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Guardian Advocate)

Signature: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Co-Guardian Advocate)

#### CERTIFICATE OF SERVICE

I, \_\_\_\_\_, do hereby certify that a true and correct copy of the attached Initial Guardianship Plan of the Guardian/Co-Guardian Advocate of the Person, has been furnished by (type of mail) \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ to the following persons, at the address specified: \_\_\_\_\_

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

\_\_\_\_\_  
Signature  
(If Co-Guardians, only one needs  
to sign Certificate of Service)

FORM M  
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA  
Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

DIVISION: A

Ward.

\_\_\_\_\_/

ANNUAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)  
OF GUARDIAN/CO-GUARDIAN OF PERSON (adult)

\_\_\_\_\_, the Guardian/Co-Guardian of the person of \_\_\_\_\_ (the ward), submits the following plan as the Annual Guardianship Plan of this guardian/co-guardian:

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 this plan is:

2. During the preceding year, the ward was maintained at *(include dates, names, addresses and length of stay at each place; include date ward began residing at this address and date left {if applicable}; name{s} of caregiver/relative with whom the ward resides and the physical address of the location. Also include a statement as to why this is the best living arrangement for the ward)*:

3. 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 *(What will the guardian do to ensure the ward is in*

*the most appropriate living arrangement. For example, will the guardian attend care plan meetings, visit with the ward, confer with caregivers/medical professionals, etc.):*

4. The following is a resume of any medical treatment given to the ward during the preceding year *(the guardian must detail all medical and mental health providers the ward visited and the reasons for these visits during the past year):*

5. Attached is a report of a physician who examined the ward no more than ninety (90) days before the beginning of the report period containing that physician's evaluation of the ward's condition, a statement of the current level of capacity of the ward and a statement of whether a guardian is still necessary. The report must be signed by a licensed physician, preferably the ward's primary care physician, psychiatrist, or a neurologist. *Forms signed by an ARNP will not be accepted, absent a change in the current law.*

6. The plan for providing medical, mental health and rehabilitative services in the coming year is as follows *(what doctors or other medical/mental health providers does the guardian expect the ward to visit in the upcoming year):*

7. 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 *(The guardian must detail all services provided to, or for, the ward, including any services provided by friends, family, paid caregivers or facility staff. In addition, the guardian must explain how the ward spends his/her day.):*

b.) The following is a statement of the social skills of the ward, including how well the ward communicates and maintains interpersonal relationships (*Does the ward communicate verbally? How does he/she communicate his/her wants or needs?*):

c.) The social needs of the ward (*What does/would the ward require to obtain/maintain social happiness and interaction?*):

8. The following is a summary of activities during the preceding year designed to enhance the capacity of the ward (*What has the guardian done to maintain or increase the ward's quality of life?*):

9. Is the ward now capable of having some or all of the ward's rights restored? If so, identify the rights that should be restored. (*The guardian's statement should agree with the physician's statement. If it does not, an explanation should be provided.*)

10. Do you plan to seek the restoration of any rights to the ward?

11. This plan has/has not(*circle one*) been reviewed with the ward.

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

Signed on \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Guardian Advocate

Signature: \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Co-Guardian Advocate

Form N

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA  
Probate, Guardianship, Mental Health and Trust Division**

**IN RE: GUARDIAN ADVOCACY OF**

**CASE NO.:**

**A Person with a Developmental Disability,**  
\_\_\_\_\_ /

**DIVISION: A**

**APPLICATION FOR APPOINTMENT AS STANDBY GUARDIAN ADVOCATE**

Pursuant to Sections 744.3125 of the Florida Guardianship Law, the undersigned submits this Application for Appointment as Standby Guardian/Co-Guardian Advocate of \_\_\_\_\_ (the person with a development disability) and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date and Place of Birth: \_\_\_\_\_
4. Residence address: \_\_\_\_\_
5. Mailing address: \_\_\_\_\_
6. Email address: \_\_\_\_\_
7. U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Employer's name and address: \_\_\_\_\_

Applicant's position: \_\_\_\_\_

9. Marital status and name of spouse, if any: \_\_\_\_\_

10. Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

11. Length of residence in county wherein application is filed: \_\_\_\_\_

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

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13. If you are a professional guardian, please indicate month, day, and year in which you were appointed on your third case:

14. 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: \_\_\_\_\_

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15. 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: \_\_\_\_\_

If "yes" was answered to any of the above, please state date, time, location of treatment and name of physician or professional involved: \_\_\_\_\_

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

17. 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 \_\_\_\_

18. 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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19. Has applicant ever been charged with, arrested for, or convicted of a felony, even if the record of such arrest or conviction has been expunged, unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish details including date, type of offense, location and final disposition:

20. 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:

21. 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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22. Has applicant, in the past, ever served as guardian of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below, including reason for termination of fiduciary position: \_\_\_\_\_

23. Has applicant ever been held in contempt of court or removed as guardian? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below:

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24. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state date and location of court:

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25. Has the applicant ever been found guilty, plead nolo contendere or guilty of an offense prohibited by Florida Statutes 435.04 or similar statute of another jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, to include date, type of offense, location, and final disposition:

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

27. Is applicant, or applicant's business, corporation or other business entity a creditor of, or providing substantial professional, personal, or business services to the person with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish details:

28. Is applicant employed by a person, agency, government, corporation or other business entity, which is providing professional, personal or business services to the person with a developmental disability?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish details:

29. Is applicant a health care provider for the person with a developmental disability?

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

30. Educational history of applicant:

Name and address

Degree

Date

High school: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

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

Name and address

Date(s)

Reason for leaving

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32. Has applicant ever been discharged from employment: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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33. Has applicant ever been a member of the armed forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what branch, dates and military serial number:

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34. PERSONAL REFERENCES. Please give the names, addresses and telephone numbers of three (3) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse:

Name and address

Telephone number

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35. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below: \_\_\_\_\_

36. Has applicant received instruction and training, which covered the legal duties and responsibilities of a guardian, the rights of a ward, the availability of local resources to aid a ward, and the preparation of habilitation plans and annual guardianship 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.

Signed on \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Proposed Standby Guardian Advocate)

FORM O

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA

Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

A Person with a Developmental Disability,  
\_\_\_\_\_ /

DIVISION: A

STANDBY GUARDIAN ADVOCATE'S JOINDER IN PETITION

The undersigned, \_\_\_\_\_, who is the \_\_\_\_\_  
(relation to) of the Ward, joins in the Petition for Appointment of Guardian Advocate of the  
Person and Appointment of Standby Guardian Advocate; the undersigned is sui juris (over 18  
years of age) and is otherwise 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.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
(Proposed Standby Guardian Advocate)

FORM P

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
FOR HILLSBOROUGH COUNTY, FLORIDA

Probate, Guardianship, Mental Health and Trust Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

A Person with Developmental Disability,  
\_\_\_\_\_ /

DIVISION: A

NOTICE OF FILING

PLEASE TAKE NOTICE that the Proposed Guardian/Co-Guardian Advocate,

\_\_\_\_\_, hereby gives notice of filing the following

documents:

Title/Type of Document(s): (choose which ones apply)

- ( ) Death certificate of Ward's parent  
( ) Confidential Psychological Report/Doctor Report/IEP  
( ) Other

(describe): \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

(Guardian/Co-Guardian Advocate)