

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR FRANKLIN COUNTY, FLORIDA
PROBATE DIVISION

IN RE: THE GUARDIAN ADVOCACY OF CASE NO.: _____

_____/_____
Respondent's Name
Person with a Developmental Disability

**NOTICE OF PETITION FOR THE APPOINTMENT OF GUARDIAN ADVOCATE
AND
NOTICE OF HEARING
(Form B)**

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 to appear before the Honorable Francis J. Allman, Judge, at _____
_____, on _____, 20____, at the Franklin
County Courthouse Main Courtroom, 33 Market Street, Apalachicola, Florida
32320 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 the respondent's own choice and the Court has initially appointed the following attorney to represent the respondent:

Respondent has the right to substitute an attorney of the respondent's own choice in place of the attorney appointed by the Court.

Signed on this _____ day of _____, 20____.

Signature:_____

Proposed Guardian Advocate

Name:_____

Address: _____

Phone (or Cell) Number:_____

Email Address:_____

Signature:_____

Proposed Co-Guardian Advocate (if any)

Name:_____

Address: _____

Phone (or Cell) Number:_____

Email 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 _____, 20____.

Signature: _____
Proposed Guardian Advocate
Name: _____
Address: _____

Phone (or Cell) Number: _____
Email Address: _____

Signature: _____
Proposed Co-Guardian Advocate (if any)
Name: _____
Address: _____

Phone (or Cell) Number: _____
Email Address: _____

ATTN: PERSONS WITH DISABILITIES. 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 the ADA Coordinator at Court Administration, 301 S. Monroe Street, Tallahassee, Florida 32301, Leon County Courthouse, 2nd Floor (850) 606-4401 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 impaired or voice impaired, call 711.