

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

**PETITION FOR THE APPOINTMENT OF GUARDIAN ADVOCATE
OF THE PERSON
(Form C)**

Petitioner, _____, files this petition under 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. _____, respondent is a person with a developmental disability who was born on _____, and who is _____ years of age, who resides in Franklin 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 before 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 the person's care and
treatment services or to meet the essential requirements for the person's physical
health or safety are as follows:

- ☐ a. to apply for governmental 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;
- ☐ e. to make decisions regarding education; and
- ☐ f. to bring and independent action for support.

5. There are no alternatives to guardian advocacy, such as trust
agreements, powers of attorney, designation of health care surrogate, or other
advance 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 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>
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7. The proposed guardian advocate _____,

whose address is _____ and 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 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. a. The petitioner(s) allege(s) that to their knowledge, information and belief, the respondent has ____ or ____ has NOT executed an advance directive under chapter 765, Florida Statutes (designated health care surrogate or other advance directive), or a durable power of attorney under chapter 709, Florida Statutes.

b. The petitioner(s) also allege(s) to the petitioner's knowledge, information and belief, the respondent ____ has or ____ has NOT executed a supported decision-making agreement under section 709/.2209, Florida Statutes.

c. The petitioner(s) allege(s) that the respondent has the documents referenced in subdivisions 8.a. or 8.b., but the documents are insufficient to meet the needs of the respondent because: (Do not complete if the respondent does not have the documents referenced in subdivisions 8.a. and 8.b.)

9. The petitioner(s) allege(s) that to their knowledge, information and belief, the person with a developmental disability ____ has or ____ has not executed a preneed guardian designation.

10. The petitioner(s) allege(s) that authority ____ is not sought or ____ is sought to seek periodic support of the person with a developmental disability.

11. *(If a Co-Guardian Advocate is 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 _____; 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.

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: _____