

\_\_\_\_\_*(Name of Guardian Advocate)*

\_\_\_\_\_*(Address)*

\_\_\_\_\_*(City, State, and Zip code)*

\_\_\_\_\_*(Phone Number)*

Date \_\_\_\_\_, 20\_\_

**HAND DELIVERED**  
**Clerk of the Circuit Court, Probate Division**  
**Franklin County Courthouse**  
**33 Market Street**  
**Apalachicola, FL 32320**

Re: The Guardian Advocacy of \_\_\_\_\_  
*(name of person with a disability)*

Dear Sir or Madam:

Enclosed please find the following documents to be filed:

- Original Application for Appointment as Guardian Advocate **(Form A)**
- Original and 1 copy of Notice of Petition for Appointment as Guardian Advocate **(Form B)**
- Original and 3 copies of Petition for Appointment as Guardian Advocate **(Form C)**
- Original Standby Guardian's Joinder in Petition **(Form C-1)**
- Original and 1 copy of proposed Order Appointing Attorney and Elisor **(Form D)**
- Original Oath of Guardian Advocate **(Form E)**
- Original Notice of Confidential Information Within Court Filing **(Form F)**
- Filing Fees *or* the original Application for Determination of Civil Indigent Status **(Form G)**

I have also enclosed a self-addressed envelope with sufficient postage for the documents to be returned to my address.

I shall immediately complete my level 2 criminal screening requirements.

Thank you for the attention you shall give this matter. Please call me at the above phone number if you have any questions or concerns.

Sincerely,

\_\_\_\_\_  
Signature of Proposed Guardian Advocate

Enclosures