**IN THE CIRCUIT COURT OF THE**

**EIGHTEENTH JUDICIAL CIRCUIT**

**IN AND FOR BREVARD COUNTY, FLORIDA**

**CASE NO.:**

**IN RE: THE GUARDIAN ADVOCACY OF**

**,**

***Name of Person with a Developmental Disability***

**STANDBY GUARDIAN ADVOCATE JOINDER IN PETITION**

***(Form C-2)***

The undersigned 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 Proposed Standby Guardian Advocate

Printed Name Proposed Standby Guardian Advocate