

**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

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

Pursuant to section 393.12(3), Florida Statutes, the Petitioner(s), (name of Guardian Advocate(s)) _____ submits this Petition for Appointment as Guardian Advocate and Standby Guardian Advocate of _____, the person with a developmental disability and states as follows:

(Please attach additional pages if the space provided is insufficient.)

1. The name of Petitioner(s) is: _____
2. The age of Petitioner(s) is: _____
3. The present address of the Petitioner(s) is: _____
4. The Petitioner's relationship to the person with a developmental disability is:

5. The name of the person with a developmental disability is:

6. The age of the person with a developmental disability is: _____
7. The county of residence of the person with a developmental disability is:

8. The present address of the person with a developmental disability is:

9. The primary language spoken by the person with a developmental disability is:

10. The person has the following developmental disability that manifested before the age of 18 and constitutes substantial handicap that can reasonably be expected to continue indefinitely: *(Place a check next to the disability that applies)*

intellectual disability

autism

cerebral palsy

Prader- Willi syndrome

spina bifida

Down syndrome

Phelan-McDermid syndrome

11. The Petitioner(s) believes that the person with a developmental disability needs a Guardian Advocate(s). The factual information regarding why a Guardian Advocate(s) is necessary is:

I have attached copies of the following listed reports and records documenting the condition and needs of the person with developmental disability:

12. The person lacks capacity to make decisions in the following areas: *(Place a check next to which area the person lacks the decision-making capacity)*

to marry

to vote

to contract

to travel

to have a driver's license

to seek or retain employment

to determine his or her residence

to consent to medical and mental health treatment

to apply for government benefits

to make decisions about his or her social environment or other social aspects of his or her life including but not limited to education decisions.

State the exact areas in which the person with developmental disability lacks the capacity to make decisions if not listed above:

13. The relationship that Petitioner(s) has or had with the provider of health care services, residential services or other services of the person with the developmental disability is:

14. The reasons why the Petitioner(s) believes he or she should be appointed Guardian Advocate(s) are:

WHEREFORE:

Petitioner(s) requests to be appointed as Guardian Advocate(s) of the person with the developmental disability.

The Petitioner(s) is sui juris and otherwise qualified under the laws of the State of Florida to act in such capacity.

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 of Petitioner

Printed Name of Petitioner

Address of Petitioner

Phone Number of Petitioner