**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***

**LETTERS OF GUARDIAN ADVOCACY OF THE PERSON**

***(Form I)***

TO ALL WHOM IT MAY CONCERN:

WHEREAS, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been appointed Guardian Advocate(s) of the Person, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a person with a developmental disability who lacks the decision-making capacity to do some, but not all, of the tasks necessary to take care of his person;

WHEREAS, the Guardian Advocate(s) has taken and filed the prescribed oath and performed all other acts prerequisite to the issuance of Letters of Guardian Advocacy of the Person;

NOW, THEREFORE, I, the undersigned Circuit Judge, declare that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is duly qualified under the laws of the State of Florida to act as Guardian Advocate(s) of the Person of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with full power to exercise the following powers and duties on behalf of the person with a developmental disability:

(\_\_\_) to determine his or her residence;

(\_\_\_) to consent to medical, dental, and surgical care and mental health treatment;

(\_\_\_) to make decisions about the social environment or other social aspects of the person with a developmental disability’s life including decisions concerning education;

(\_\_\_) to act as representative payee of government benefits and to seek such benefits;

(\_\_\_) to apply for government benefits;

**Without first obtaining specific authority from the Court, as stated in section 744.3725, Florida Statutes, the Guardian Advocate may not:**

1. commit the person with a developmental disability to a facility, institution, or licensed service provider without formal placement proceedings, pursuant to Chapter 393, Florida Statutes;
2. consent to the participation of the person with a developmental disability in any experimental biomedical or behavior procedure, exam, study, or research;
3. consent to the performance of a sterilization or abortion procedure on the disabled person;
4. consent to termination of life support systems provided for the person with a developmental disability;
5. initiate a petition for dissolution of marriage for the person with developmental disability;
6. exercise any authority over any health care surrogate appointed by any valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this Court.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person with a developmental disability) shall retain all legal rights except those which are specifically granted to the Guardian Advocate(s), pursuant to court order.

**DONE AND ORDERED** this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circuit Judge

CERTIFICATE OF SERVICE

I do hereby certify that copies have been furnished by U.S. Mail to:

* *Attorney appointed to represent person with a developmental disability*
* *Next of kin of the person with a developmental disability, if any*
* *Health Care Surrogate designated by the person with a developmental disability pursuant to advanced directives, if any*
* *Agent appointed by the person with a developmental disability under Durable Power of Attorney, if any*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judicial Assistant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_