

IN THE CIRCUIT COURT, EIGHTEENTH  
JUDICIAL CIRCUIT IN AND FOR  
BREVARD COUNTY, FLORIDA

Case No.: \_\_\_\_\_

IN RE: THE GUARDIAN ADVOCACY OF

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

**NOTICE OF PETITION FOR THE APPOINTMENT OF GUARDIAN ADVOCATE AND  
APPOINTMENT OF STANDBY GUARDIAN ADVOCATE  
(Form B)**

TO: \_\_\_\_\_  
*Name of Person with a Developmental Disability*  
*C/O the court appointed attorney*

YOU ARE HEREBY NOTIFIED that a petition has been filed to determine your capacity and to seek the appointment of a Guardian Advocate(s) and appointment of Standby Guardian Advocate of the person has been filed. A copy of the Petition for Appointment of Guardian Advocate(s) and Appointment of Standby Guardian Advocate is attached to this notice. There will be a hearing on the Petition for Appointment of Guardian Advocate and Appointment of Standby Guardian Advocate before Judge \_\_\_\_\_ of the above Court, at the Moore Justice Center 2825 Judge Fran Jamieson Way Viera FL 32940-8006, Court Room \_\_\_\_\_ on \_\_\_\_\_ 20\_\_ at \_\_\_\_\_ a.m. / p.m.

The reason for this hearing is to inquire into the capacity of the respondent, the person with a developmental disability, to exercise the rights enumerated in the petition. (See §744.102(12)(b), Fla. Stat.).

The respondent has the right to be represented by counsel and the court has initially appointed the following attorney to represent the respondent:

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

Respondent has the right to substitute an attorney of his or her own choice in place of the attorney appointed by the Court.

Signed : \_\_\_\_\_

Signature: \_\_\_\_\_

Proposed Guardian Advocate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

CERTIFICATE OF SERVICE

I CERTIFY that a copy of the foregoing notice of filing petition to appoint guardian advocate and notice of hearing and a copy of the petition for appointment of guardian advocate of the person was served on all persons indicated above, including on the attorney for the respondent, on \_\_\_\_\_.

Signature: \_\_\_\_\_

Proposed Guardian Advocate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**ATTN: PERSONS WITH DISABILITIES. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at Court Administration, 2825 Judge Fran Jamieson Way, 3rd floor, Viera, Florida, 32940-8006, (321) 633-2171 ext. 3 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.**