

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 over your person. 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 your capacity and to determine whether a Guardian Advocate(s) is to be appointed over your person.

You have the right to attend this hearing and to present whatever evidence is appropriate. An attorney has been appointed to represent you. The name, address, and telephone number of the attorney is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have the right to substitute your own attorney for the attorney appointed by the Court.

If you are determined to be incapable of exercising any of the rights enumerated in the Petition for Appointment of Guardian Advocate(s), a Guardian Advocate(s) may be appointed to exercise those rights on your behalf. If a Guardian Advocate(s) is appointed, the Guardian Advocate(s) may have the care and custody of your person, and may have the right to regulate certain or all of your activities.

CERTIFICATE OF SERVICE BY PETITIONER

Copies furnished 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*

Dated \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Printed Name of Petitioner