

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

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

Petitioner, _____, files this petition pursuant to section
393.12, Florida Statutes, and Florida Probate Rule 5.649 and alleges that:

1. The petitioner, proposed guardian advocate, _____ is
_____ years of age, whose residential address is and post office address is:

_____.

The relationship of the petitioner to the respondent is _____.

2. _____ is a person with a developmental disability who was
born on _____ and who is _____ years of age, who resides in Brevard County, Florida.

The residential address of the respondent is and the post office address is:

_____.

3. The petitioner believes that respondent needs a guardian advocate:

a. due to the following developmental disability:

- () i. intellectual disability;
- () ii cerebral palsy;
- () iii. autism;
- () iv. spina bifida;
- () v. Down syndrome;
- () vi. Phelan-McDermid syndrome; or
- () vii. Prader-Willi syndrome,

which manifested prior to the age of 18.

b. The developmental disability has resulted in the following substantial handicaps:

_____.

4. The exact areas in which the person with the developmental disability lacks the ability to make informed decisions about his/her care and treatment services or to meet the essential requirements for his/her physical health or safety are as follows:

- () a. to apply for government benefits;
- () b. to determine residency;
- () c. to consent to medical and mental health treatment;
- () d. to make decisions about social environment/social aspects of life; and
- () e. to make decisions regarding education.

5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, known to petitioner that would sufficiently address the problems of the respondent in whole or in part. Thus, it is necessary that a guardian advocate be appointed to exercise some, but not all the rights of respondent.

6. The names and addresses of the next of kin of the respondent are:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
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7. The proposed guardian advocate _____, whose residence address is _____ and whose post office address is _____; is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. The proposed guardian advocate is not a professional guardian. The relationship of the proposed guardian advocate with the providers of health care services, residential services, or other services to the respondent is (if none, indicate: NONE):

_____.

8. The petitioner(s) allege(s) that to their knowledge, information, and belief, respondent ____ has or ____ has NOT executed an advance directive under chapter 765, Florida Statutes, (designated health care surrogate or other advance directive) or a durable power of attorney under chapter 709, Florida Statutes.

9. *(If a Co-Guardian Advocate sought, complete this paragraph.)* Petitioner requests that

_____, be appointed co-guardian advocate of the person of respondent. The proposed co-guardian advocate _____, who is _____ years of age, whose residence is _____; whose post office address is _____; is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. The proposed co-guardian advocate is not a professional guardian. The relationship of the proposed co-guardian advocate with the providers of health care services, residential services, or other services to the respondent is (if none, indicate: NONE): _____.

The relationship and previous association of the proposed co-guardian advocate to the respondent is _____. The proposed co-guardian advocate should be appointed because: _____.

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: _____

Signature: _____
Proposed Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____