

IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR SEMINOLE 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

YOU ARE HEREBY NOTIFIED that a petition has been filed to determine your capacity and to seek the appointment of a Guardian Advocate and appointment of Standby Guardian Advocate over your person. A copy of the Petition for Appointment of Guardian Advocate and Appointment of 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 Juvenile Justice Center, 190 Bush Boulevard, Sanford, Florida, 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 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 and Appointment of Standby Guardian Advocate, a Guardian Advocate may be appointed to exercise those rights on your behalf. If a Guardian Advocate is appointed, the Guardian Advocate may have the care and custody of your person, and may have the right to regulate certain or all of your activities.

Dated _____, 20____.

Clerk of the Circuit Court

By _____
Deputy Clerk

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*

Signature of Petitioner

Printed name of Petitioner