

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
(Form B)

TO: _____
Name of Person with a Developmental Disability

YOU ARE HEREBY NOTIFIED that a petition for appointment of guardian advocate of the person has been filed. 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 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 the capacity and determine whether a Guardian Advocate is to be appointed over your person to exercise the rights enumerated in the Petition (See § 744.102(12)(b), Fla. Stat.)

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, 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 this ____ day of _____, 20____.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing has been furnished by mail to _____ (name of attorney for the person with a developmental disability) at _____ (address of the attorney for the person with a developmental disability) this ____ day of _____, 20____ and to _____, (The person with a developmental disability).

(Or if using Eportal)

I HEREBY CERTIFY that copies have been furnished by U.S. Mail or via filing with the Florida Courts E-Filing Portal on MMMM.

CCCC

AAAA

Signature of Petitioner (Proposed Guardian Advocate)

Printed name of Petitioner (Proposed Guardian Advocate)