

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*

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

Pursuant to Florida Statute §393.12(3) and Fla. Prob. R. 5.649, the Petitioner, (name of proposed Guardian Advocate) \_\_\_\_\_ submits this Petition for Appointment as Guardian Advocate of \_\_\_\_\_, the person with a developmental disability and states as follows:

*(Please attach additional pages if the space provided is insufficient.)*

1. The name of Petitioner is: \_\_\_\_\_
2. The age of Petitioner is: \_\_\_\_\_
3. The present address of the Petitioner is: \_\_\_\_\_
4. The Petitioner's relationship to the person with a developmental disability is:  
\_\_\_\_\_
5. The name of the person with a developmental disability is:  
\_\_\_\_\_
6. The age and date of birth of the person with a developmental disability is:  
\_\_\_\_\_
7. The county of residence of the person with a developmental disability is:  
\_\_\_\_\_
8. The present address of the person with a developmental disability is:  
\_\_\_\_\_
9. The primary language spoken by the person with a developmental disability is:  
\_\_\_\_\_

10. The person has the following developmental disability that manifested before the age of 18 and constitutes substantial handicap that can reasonably be expected to continue indefinitely: *(Place a check next to the disability that applies)*

Intellectual Disability

Autism

Cerebral Palsy

Prader- Willi Syndrome

Spina Bifida

Down Syndrome

Phelan-McDermid Syndrome

11. The Petitioner believes that the person with a developmental disability needs a Guardian Advocate. The factual information regarding why a Guardian Advocate is necessary is:

---

---

---

---

I have attached copies of the following listed reports and records documenting the above named disability and needs of the person with developmental disability:

---

---

---

12. The person lacks capacity to make decisions in the following areas: *(Place a check next to which area the person lacks the decision-making capacity)*

to determine his or her residence

to consent to medical and mental health treatment

to apply for government benefits

to make decisions about his or her social environment or other social aspects of his or her life

to make decisions regarding education

*(State the exact areas in which the person with developmental disability lacks the capacity to make decisions if not listed above):*

---

---

13. The reasons why the Petitioner believes he or she should be appointed Guardian Advocate are:

- 
- 
14. The Petitioner \_\_\_ is or \_\_\_ is not a professional guardian.
15. The relationship that Petitioner has or had with the provider of health care services, residential services or other services of the person with the developmental disability is (if none, indicate NONE):
- 
- 

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

Name	Address	Relationship

17. A willing and qualified guardian advocate \_\_\_ cannot be located or \_\_\_ can be located.  
(Choose applicable response)
18. The person with a developmental disability \_\_\_ has or \_\_\_ has not executed any advance directive under chapter 765, Florida Statutes, or a durable power of attorney under chapter 709, Florida Statutes or \_\_\_ has or \_\_\_ has not been involved in a preneed guardian designation under part III of chapter 744 of Florida Statutes.
19. 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 of the rights of the person with a developmental disability.
20. If the person with a developmental disability has executed any advance directives under chapter 765, Florida Statutes, the reason these documents are insufficient to meet the needs of the person with a developmental disability are: \_\_\_\_\_
-

---

---

---

WHEREFORE:

Petitioner requests to be appointed as Guardian Advocate of the person with the developmental disability. The Petitioner is sui juris and otherwise qualified under the laws of the State of Florida to act in such capacity.

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 on 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

\_\_\_\_\_  
Address

---

Phone Number

---

E-mail Address