

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

**OATH OF GUARDIAN ADVOCATE, DESIGNATION OF
RESIDENT AGENT & ACCEPTANCE**
(Form E)

STATE OF FLORIDA
COUNTY OF SEMINOLE

Before me, the undersigned authority, this day personally appeared _____
_____, to me known, who being by me first duly sworn, says:

1. That the Petitioner has been appointed Guardian Advocate of the Person of _____.
2. That the Petitioner will faithfully administer the duties of such Guardian according to law.
3. That the Petitioner's place of residence is _____
and the Petitioner's mailing address is _____.
4. That the Petitioner hereby designates _____,
who is a resident of the county where this case is filed, and whose address is _____
_____ and whose post office address is _____
_____ as Petitioner's agent for
service of process in any action against the Petitioner in the Petitioner's representative
capacity, or personally, if that personal action accrued in the performance of the Petitioner's
duties.

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.

Signature of Proposed Guardian Advocate

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to and subscribed before me this ____ day of _____, 20____, by
_____ (Proposed Guardian Advocate).

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary

Personally known ___ OR Produced Identification ___
Type of Identification Produced:

ACCEPTANCE

I certify that I am a permanent resident of Seminole County, Florida, whose place of residence and post office address are as set forth above. I hereby accept the foregoing designation as Resident Agent.

Executed 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

Resident Agent