

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Name of Guardian Advocate)

(Address)

(City, State, and Zip Code)

(Phone Number)

Date \_\_\_\_\_, 20\_\_

**HAND DELIVERED**

Clerk of the Circuit Court, Probate Division  
Seminole County Courthouse  
301 North Park Avenue  
Sanford, FL 32771-1292

Re: The Guardian Advocacy of \_\_\_\_\_ (name of person with a disability)

Dear Sir or Madam:

Enclosed please find the following documents to be filed:

- ( ) Original Application for Appointment as Guardian Advocate (**Form A**)
- ( ) Original and 3 copies of Notice of Petition for Appointment as Guardian Advocate (**Form B**)
- ( ) Original and 3 copies of Petition for Appointment as Guardian Advocate (**Form C**)
- ( ) Original Standby Guardian's Joinder in Petition (**Form C-1**)
- ( ) Original and 3 copies of Order Appointing Attorney and Elisor (**Form D**)
- ( ) Original Oath of Guardian Advocate (**Form E**)
- ( ) Original Notice of Confidential Information within Court Filing (**Form F**)
- ( ) Filing Fees *or* the original Application for determination of civil indigent status (**Form G**)

I have also enclosed a self-addressed envelope with sufficient postage for the documents to be returned to my address.

I shall immediately complete my level 2 criminal screening requirements.

Thank you for the attention you shall give this matter. Please call me at the above phone number if you have any questions or concerns.

Sincerely,

\_\_\_\_\_  
Signature of Proposed Guardian Advocate

Enclosures