
(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 Juvenile Justice Center
190 Eslinger Way
Sanford, FL 32773

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 1 copy 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 1 copy 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