IN THE CIRCUIT COURT, FOURTH

JUDICIAL CIRCUIT, IN AND FOR

DUVAL COUNTY, FLORIDA

CASE NO.: 16-20\_\_\_\_-GA-\_\_\_\_\_\_

DIVISION: PR-\_\_\_

IN RE: THE GUARDIAN ADVOCACY OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Person with a Developmental Disability.

**PETITION FOR APPOINTMENT AS GUARDIAN ADVOCATE**

**OF THE PERSON AND APPOINTMENT OF STANDBY GUARDIAN ADVOCATE**

Pursuant to Florida Statute §393.12(3), the Petitioner, (name of Guardian Advocate) submits this Petition for Appointment as Guardian Advocate and Standby 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:

1. The name of the person with a developmental disability is:

1. The age of the person with a developmental disability is:
2. The county of residence of the person with a developmental disability is:

1. The present address of the person with a developmental disability is:

1. The primary language spoken by the person with a developmental disability is:

1. 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

1. 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 condition and needs of the person with developmental disability:

1. 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 marry ( ) to vote

( ) to contract ( ) to travel

( ) to have a driver's license ( ) to seek or retain employment

( ) 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 including but not limited to education decisions.

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

1. 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:

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

1. The Petitioner requests that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be appointed Standby Guardian Advocate.
2. The proposed Standby Guardian Advocate’s relationship and any previous connections with the person with developmental disabilities are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. The proposed Standby Guardian Advocate’s residence is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. The reason the proposed Standby Guardian Advocate should be appointed is \_\_\_\_\_\_\_\_\_

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

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

WHEREFORE:

Petitioner requests to be appointed as Guardian Advocate of the person with the developmental disability.

The Petitioner requests the appointment of the proposed Standby Guardian Advocate.

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 .

Signature of Petitioner

Printed Name of Petitioner

Address of Petitioner

Phone Number of Petitioner

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

Email Address of Petitioner