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.

**OATH OF GUARDIAN ADVOCATE, DESIGNATION OF**

**RESIDENT AGENT & ACCEPTANCE**

STATE OF FLORIDA

COUNTY OF DUVAL

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 post office box 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 Guardian Advocate

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to and subscribed before me this day of , 20 , by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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 DUVAL 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 .

Resident Agent