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ANNUAL ACCOUNTING AND PLAN DATES
(IF FISCAL YEAR REPORT PERIOD)

Month Letters Signed	Report Begin Date	Report End Date	Report Due Date
January	February 1	January 31	May 1
February	March 1	February 28	June 1
March	April 1	March 31	July 1
April	May 1	April 30	August 1
May	June 1	May 31	September 1
June	July 1	June 30	October 1
July	August 1	July 31	November 1
August	September 1	August 30	December 1
September	October 1	September 30	January 1
October	November 1	October 31	February 1
November	December 1	November 30	March 1
December	January 1	December 31	April 1

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO:
DIVISION PROBATE

Respondent,
Person with Developmental Disability

PETITION FOR APPOINTMENT OF
GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF THE PERSON

Petitioner(s) _____, file(s) this petition pursuant to
section 393.12, Florida Statutes and Rule 5.649, Fla. Prob. R., and allege(s):

1. The petitioner and proposed Guardian Advocate is _____, who is _____
years of age, whose residence is _____, and post office address is
_____. The relationship between the petitioner and the Respondent, the
person with a developmental disability, is _____.

2. *(If NO Co-Guardian Advocate sought, leave this paragraph blank)* The petitioner and
proposed Co-Guardian Advocate is _____, who is _____ years of age,
whose residence is _____, and post office address is
_____. The relationship between the petitioner/proposed Co-Guardian
Advocate and the Respondent, the person with a developmental disability, is
_____.

3. The Respondent is a developmentally disabled individual who was born on
_____, is _____ years of age, and resides in _____ County,
Florida. The residence of the Respondent is _____,
and post office address is _____.

4. The Petitioner(s) believe(s) the Respondent is in need of a Guardian/Co-Guardian
Advocate due to a developmental disability, which manifested prior to the age of eighteen (18),
(the legal disability to which developmentally disabled person is subject: intellectual disability,
cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-

Willi syndrome), specifically: _____.

5. This developmental disability has resulted in the following substantial handicaps:

_____.

6. Pursuant to Florida Probate Rule 5.649(a)(4), the exact areas the Respondent lacks the ability to make informed decisions about care and treatment services or to meet the essential requirements for physical health or safety and to manage certain aspects of financial resources that should be delegated to a Guardian/Co-Guardian Advocate are:

- () to apply for government benefits;
- () to determine residency and contract for residential placement;
- () to consent to medical, dental and mental health treatment;
- () to make decisions about social environment/social aspects of life; and
- () to make decisions regarding education, and educational and vocational rehabilitation entitlements.

7. There are no alternatives to Guardian Advocacy such as trust agreements, powers of attorney, designations of health care surrogate, or other advanced directives, known to petitioner(s) that would sufficiently address the issues of the Respondent in whole or in part. Thus, it is necessary that a Guardian/Co-Guardian Advocate be appointed to exercise some but not all of the rights of the Respondent.

8. The names and addresses of the next of kin of the Respondent are:

<u>Name and Address</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. The Proposed Guardian Advocate, _____, whose residence is _____, and post office address is _____, is over the age of 18 and otherwise qualified under the laws of Florida to act as Guardian/Co-Guardian Advocate of the person of the Respondent. The proposed Guardian/Co-Guardian Advocate is not a professional guardian. The relationship of the proposed Guardian/Co-Guardian Advocate with the providers of health care services, residential services, or other services to the Respondent is (if none, indicate NONE): _____. The relationship between the proposed Guardian Advocate and the Respondent is _____. The proposed Guardian Advocate should be appointed because _____.

10. *(If NO Co-Guardian Advocate sought, leave this paragraph blank)* The proposed Co-Guardian Advocate, _____, whose residence is _____, and post office address is _____, is over the age of 18 and otherwise qualified under the laws of Florida to act as Guardian/Co-Guardian Advocate of the person of the Respondent. The proposed Guardian/Co-Guardian Advocate is not a professional guardian. The relationship of the proposed Guardian/Co-Guardian Advocate with the providers of health care services, residential services, or other services to the Respondent is (if none, indicate NONE): _____. The relationship between the proposed Co-Guardian Advocate and the Respondent is _____.

The proposed Co-Guardian Advocate should be appointed because _____.

11. The Petitioner(s) allege(s) that to his/her knowledge, information, and belief, the Respondent has NOT executed an advance directive under chapter 765, Florida Statutes, a durable power of attorney under chapter 709, Florida Statutes, or a preneed guardian designation.

12. Reasonable search has been made for all of the information required by Florida law and by the applicable Florida Probate Rules. Any such information that is not set forth in full above cannot be ascertained without delay that would adversely affect the Respondent.

Petitioner(s) requests that _____ and

_____ be appointed Guardian/Co-Guardian Advocate of the
Person of the Respondent.

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 _____, 20_____.

Signature:_____

Proposed Guardian Advocate

Name:_____

Address:_____

Phone Number:_____

Email Address: _____

Signature:_____

Proposed Co-Guardian Advocate

Name:_____

Address:_____

Phone Number:_____

Email Address: _____

IN THE CIRCUIT COURT FOR _____ COUNTY,

FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

**GUARDIAN/CO-GUARDIAN ADVOCATE(S) EDUCATION AND
BACKGROUND CHECK REQUIREMENTS**

Pursuant to Florida Statutes 744.3135 and 744.3145, I/we, _____,
the proposed Guardian/Co-Guardian Advocate(s) in the above styled case is/are
aware of the requirements to submit to a criminal history background screening
done via a fingerprint "Live Scan" and credit check that I/we obtain from a major
credit reporting source and submit to the court **PRIOR** to appointment as
Guardian/Co-Guardian Advocate(s), and attend the Guardian Education
Course given an approved provider for my/our circuit, **within four months** of
being appointed to serve as Guardian/Co-Guardian Advocate(s).

Under penalties of perjury, I declare that I/we have read the
foregoing, and the facts alleged are true, to the best of my/our knowledge and
belief.

Signed on this ____ day of _____ **20** .

Signature: _____

Signature: _____

Proposed Co-Guardian Advocate

Proposed Co-Guardian Advocate

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____ COUNTY,

FLORIDA

PROBATE DIVISION

**IN RE: GUARDIAN
ADVOCACY OF**

File No. _____

Division Probate

**APPLICATION FOR APPOINTMENT AS GUARDIAN/ CO-
GUARDIAN ADVOCATE(S)**

Pursuant to Florida Statutes Section 744.3125, the undersigned submits this Application for Appointment as Guardian/Co-Guardian Advocate of _____ (the Protected Person/Ward) and submits the following information:

1. Proposed Guardian/Co-Guardian Advocate's name:

2. Date of birth: _____

3. Residence address:

4. Mailing and e-mail address:

5. U.S. citizen? ____

6. Current employer's name and COMPLETE address:

Applicant's position: _____

7. Home telephone number: _____

Work telephone number: _____

8. If currently serving as guardian for any other Protected Person/Ward, list the name of each adult Protected Person/Ward and the initials of each Protected Person/Ward that is a minor, court file number, circuit court in which the case is pending and whether applicant is acting as the Limited or Plenary Guardian of the person or property, or both (attach an additional page if necessary). If none, write none.:

(Questions 9-23: any "yes" answers require an additional sheet be attached to this application explaining in FULL detail the situation, condition, and current status, including complete names and complete addresses of all doctors/courts/agencies/businesses/individuals involved.)

9. Does applicant have any physical disabilities? _____

10. Has applicant ever been treated for the following, indicate Yes or No below:

- | | | |
|----|-------------------|-----|
| a. | Mental condition? | ___ |
| b. | Alcohol? | ___ |
| c. | Drugs? | ___ |
| d. | Other? | ___ |

11. Has applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined by the Florida Statutes? ___

12. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Section 415.104, Florida Statutes? ____

13. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? ____

14. Has applicant ever been arrested for or convicted of a felony, even if the record for arrest or conviction has been expunged unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? ____

15. Has applicant ever been charged with, arrested for or convicted of any other crimes? ____

16. Has applicant ever held a position which required bonding? ____

17. Has applicant ever served as Guardian of a person or of a person's property? ____

18. Has applicant ever been held in contempt of court or removed as Guardian? ____

19. Has applicant ever filed for bankruptcy? ____

20. What is applicant's relationship to the alleged Protected Person?

21. Is applicant, or applicant's corporation or other business entity a creditor of, or providing professional, personal or business services to the Protected Person? ____

22. Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the Protected Person?

23. Is applicant a health care provider for the alleged Protected Person?

24. Educational history of applicant:

Name and COMPLETE Address
of Educational Institution

Degree

Date

25. List applicant's employment experience for the past ten (10) years beginning with the most recent date:

Name and COMPLETE
Address of Employer

Dates Employed

Reason for Leaving

26. Was applicant discharged from employment by any employer listed above? ____ If yes: explain:

27. Does applicant possess any special educational qualifications (financial, business or otherwise) that qualify applicant to be appointed Guardian? ____ If yes, explain:

28. Has applicant received instruction and training which covered the legal duties and responsibilities of a Guardian? ____ If yes, describe:

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: _____

Proposed Co-Guardian Advocate

Printed Name:

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO:
DIVISION PROBATE

Respondent,
Person with Developmental Disability

OATH OF GUARDIAN/CO-GUARDIAN ADVOCATE
DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE

STATE OF FLORIDA
COUNTY OF _____

I, _____, Affiant, state under oath that:

1. I will faithfully perform the duties of Guardian Advocate of the Person of _____ according to law.
2. My place of residence is _____, and my post office address is _____.
3. I hereby **designate** myself, and by my signature below **accept** that I will serve as resident agent for the service of process or notice in any action against me, either in my representative capacity or personally, if the personal action accrued in the performance of my duties as such Guardian Advocate. I am a permanent resident of _____ County, Florida, and my residence and post office address are listed above.

Affiant's Signature:

Printed Name: _____

Sworn and subscribed before me by means of physical presence on _____, 2020 by Affiant, who is personally known to me or produced _____ as identification.

Notary Public State of Florida
My Commission Expires:
(Affix Notarial Seal)

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO:
DIVISION PROBATE

Respondent,
Person with Developmental Disability

PETITION FOR APPOINTMENT OF
GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF THE PERSON

Petitioner(s) _____, file(s) this petition pursuant to
section 393.12, Florida Statutes and Rule 5.649, Fla. Prob. R., and allege(s):

1. The petitioner and proposed Guardian Advocate is _____, who is _____
years of age, whose residence is _____, and post office address is
_____. The relationship between the petitioner and the Respondent, the
person with a developmental disability, is _____.

2. *(If NO Co-Guardian Advocate sought, leave this paragraph blank)* The petitioner and
proposed Co-Guardian Advocate is _____, who is _____ years of age,
whose residence is _____, and post office address is
_____. The relationship between the petitioner/proposed Co-Guardian
Advocate and the Respondent, the person with a developmental disability, is
_____.

3. The Respondent is a developmentally disabled individual who was born on
_____, is _____ years of age, and resides in _____ County,
Florida. The residence of the Respondent is _____,
and post office address is _____.

4. The Petitioner(s) believe(s) the Respondent is in need of a Guardian/Co-Guardian
Advocate due to a developmental disability, which manifested prior to the age of eighteen (18),
(the legal disability to which developmentally disabled person is subject: intellectual disability,
cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-

Willi syndrome), specifically: _____.

5. This developmental disability has resulted in the following substantial handicaps:

_____.

6. Pursuant to Florida Probate Rule 5.649(a)(4), the exact areas the Respondent lacks the ability to make informed decisions about care and treatment services or to meet the essential requirements for physical health or safety and to manage certain aspects of financial resources that should be delegated to a Guardian/Co-Guardian Advocate are:

- () to apply for government benefits;
- () to determine residency and contract for residential placement;
- () to consent to medical, dental and mental health treatment;
- () to make decisions about social environment/social aspects of life; and
- () to make decisions regarding education, and educational and vocational rehabilitation entitlements.

7. There are no alternatives to Guardian Advocacy such as trust agreements, powers of attorney, designations of health care surrogate, or other advanced directives, known to petitioner(s) that would sufficiently address the issues of the Respondent in whole or in part. Thus, it is necessary that a Guardian/Co-Guardian Advocate be appointed to exercise some but not all of the rights of the Respondent.

8. The names and addresses of the next of kin of the Respondent are:

<u>Name and Address</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. The Proposed Guardian Advocate, _____, whose residence is _____, and post office address is _____, is over the age of 18 and otherwise qualified under the laws of Florida to act as Guardian/Co-Guardian Advocate of the person of the Respondent. The proposed Guardian/Co-Guardian Advocate is not a professional guardian. The relationship of the proposed Guardian/Co-Guardian Advocate with the providers of health care services, residential services, or other services to the Respondent is (if none, indicate NONE): _____. The relationship between the proposed Guardian Advocate and the Respondent is _____. The proposed Guardian Advocate should be appointed because _____.

10. *(If NO Co-Guardian Advocate sought, leave this paragraph blank)* The proposed Co-Guardian Advocate, _____, whose residence is _____, and post office address is _____, is over the age of 18 and otherwise qualified under the laws of Florida to act as Guardian/Co-Guardian Advocate of the person of the Respondent. The proposed Guardian/Co-Guardian Advocate is not a professional guardian. The relationship of the proposed Guardian/Co-Guardian Advocate with the providers of health care services, residential services, or other services to the Respondent is (if none, indicate NONE): _____. The relationship between the proposed Co-Guardian Advocate and the Respondent is _____.

The proposed Co-Guardian Advocate should be appointed because _____.

11. The Petitioner(s) allege(s) that to his/her knowledge, information, and belief, the Respondent has NOT executed an advance directive under chapter 765, Florida Statutes, a durable power of attorney under chapter 709, Florida Statutes, or a preneed guardian designation.

12. Reasonable search has been made for all of the information required by Florida law and by the applicable Florida Probate Rules. Any such information that is not set forth in full above cannot be ascertained without delay that would adversely affect the Respondent.

Petitioner(s) requests that _____ and

_____ be appointed Guardian/Co-Guardian Advocate of the
Person of the Respondent.

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 _____, 20_____.

Signature:_____

Proposed Guardian Advocate

Name:_____

Address:_____

Phone Number:_____

Email Address: _____

Signature:_____

Proposed Co-Guardian Advocate

Name:_____

Address:_____

Phone Number:_____

Email Address: _____

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____
Division Probate

**OATH OF STANDBY GUARDIAN/CO-GUARDIAN ADVOCATE and
DESIGNATION /ACCEPTANCE AS RESIDENT AGENT**

(To be signed before a notary public and duly notarized.)

STATE OF FLORIDA

COUNTY OF _____

I, _____ (Affiant), state
under oath that:

1. I will faithfully perform the duties of Guardian/Co-Guardian
Advocate of the person of _____ (the
Protected Person) according to law.

2. My place of residence is

and my post office address
is _____.

3. I hereby **designate** myself, and by my signature below **accept** that
I will serve as resident agent for the service of process or notice in any action
against me, either in my representative capacity or personally, if the personal
action accrued in the performance of my duties as such Guardian Advocate. I
am a permanent resident of _____ County, Florida, and

my residence and post office address are listed above.

Affiant's Signature: _____

Printed Name: _____

Sworn to and subscribed before me on _____, 20____,

by Affiant, who is personally known to me or who produced
_____ as identification.

Notary Public State of Florida
(Affix Notarial Seal)

IN THE CIRCUIT/COUNTY COURT OF THE ----- JUDICIAL CIRCUIT
IN AND FOR ----- COUNTY, FLORIDA

IN RE: The Guardian Advocacy of

CASE NO. _____

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the clerk's office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

1. I have _____ dependents. (Include only those persons you list on your U.S. Income tax return.)

Are you Married?...Yes....No Does your Spouse Work?...Yes....No Annual Spouse Income? \$ _____

2. I have a net income of \$ _____ paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____.

(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____.

(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job	Yes \$ _____	No	Veterans' benefits	Yes \$ _____	No
Social Security benefits			Workers compensation	Yes \$ _____	No
No For you	Yes \$ _____	No	Income from absent family members	Yes \$ _____	No
For child(ren)	Yes \$ _____	No	Stocks/bonds	Yes \$ _____	No
Unemployment compensation	Yes \$ _____	No	Rental income	Yes \$ _____	No
Union payments	Yes \$ _____	No	Dividends or interest	Yes \$ _____	No
Retirement/pensions	Yes \$ _____	No	Other kinds of income not on the list	Yes \$ _____	No
Trusts	Yes \$ _____	No	Gifts	Yes \$ _____	No

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes \$ _____	No	Savings account	Yes \$ _____	No
Bank account(s)	Yes \$ _____	No	Stocks/bonds	Yes \$ _____	No
Certificates of deposit or			Homestead Real Property*	Yes \$ _____	No
money market accounts	Yes \$ _____	No	Motor Vehicle*	Yes \$ _____	No
Boats*	Yes \$ _____	No	Non-homestead real property/real estate*	Yes \$ _____	No

*show loans on these assets in paragraph 5

Check one: I () DO () DO NOT expect to receive more assets in the near future. The asset is _____.

5. I have total liabilities and debts of \$ _____ as follows: Motor Vehicle \$ _____, Home \$ _____, Other Real Property \$ _____, Child Support paid direct \$ _____, Credit Cards \$ _____, Medical Bills \$ _____, Cost of medicines (monthly) \$ _____, Other \$ _____.

6. I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s.775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this _____ day of _____, 20_____.

Date of Birth

Driver's License or ID Number

Signature of Applicant for Indigent Status

Print Full Legal Name

Phone Number:

Address, P O Address, Street, City, State, Zip Code

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent, according to s. 57.082, F.S.

Dated this _____ day of _____, 20 ____.

Clerk of the Circuit Court by _____

This form was completed with the assistance of: _____
Clerk/Deputy Clerk/Other authorized person.

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.

THERE IS NO FEE FOR THIS REVIEW.

Sign here if you want the judge to review the clerk's decision

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO:
DIVISION PROBATE

Respondent,
Person with Developmental Disability

REPORT OF ATTENDING PHYSICIAN

Fla. Prob. R. 5.649 Guardian Advocate.

(to be filed with the Petition for Appointment of Guardian Advocate)

Physician's Name and Practice, including specialty, complete address and phone number

Patient Name: _____

This will verify that _____ has been a patient of mine since _____
and the specific developmental disability to which the patient is subject is:

Date of diagnosis: _____.

Because of the extent of his/her developmental disability, I feel that he/she is unable to handle his/her own personal matters regarding finances and his/her physical well-being, and that a guardian advocate should be appointed on his/her behalf.

Physician's Signature

Date Completed

IN THE CIRCUIT COURT FOR _____ COUNTY,

FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN

ADVOCACY OF

File No. _____

Division Probate

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

(Petition for Appointment)

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), I hereby certify:

I am filing herewith a document containing confidential information as described in Rule 2.420(d)(1)(B) and that:

(a) The title/type of Document is: **REPORT OF ATTENDING PHYSICIAN**, and:

(b) The confidential information within the document is precisely located at: **ENTIRE DOCUMENT-MEDICAL REPORT**

Signed this ____ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Note: The clerk of court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within five days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than ten days, unless a motion is filed pursuant to subdivision(d)(3) of the Rule. Fla. R. Jud. Admin. 2.420.

IN THE CIRCUIT COURT FOR _____ COUNTY,

FLORIDA

PROBATE DIVISION

**IN RE: GUARDIAN
ADVOCACY OF**

File No. _____

Division Probate

FORMAL NOTICE

*(List names and complete addresses of all next of kin of the Protected Person/Ward.
Formal Notice to be sent by certified mail, return receipt requested.)*

TO:

YOU ARE HEREBY NOTIFIED that a Petition for Appointment of Guardian/Co-Guardian Advocate has been filed in this court, a true copy of which accompanies this notice.

You are required to serve written defenses on the undersigned within twenty (20) days after service of this notice, exclusive of the day of service, and to file the original of the written defenses with the clerk of the above court either before service or immediately thereafter. Failure to serve and file written defenses as required may result in a judgment or order for the relief demanded in the pleading or motion, without further notice.

Signed on this ____ day of _____ **20** __.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division: Probate

**ORDER APPOINTING ATTORNEY AND ELISOR
FOR THE PERSON WITH A DEVELOPMENTAL DISABILITY**

On the Petition of _____
to determine whether _____, whose age is _____ and whose
address is _____,

to determine if a Guardian Advocate should be appointed due to developmental disability, it is

ADJUDGED as follows:

1. _____, a member of the
Florida Bar, whose office address is _____,
_____ and whose telephone number is _____,

is hereby appointed attorney for the person with a developmental disability to represent that
person in all proceedings involving the Petition for Appointment of Guardian/Co-Guardian
Advocate(s), and, if a guardian advocate is appointed due to developmental disability, to review
the initial guardianship report and represent the ward during any objections thereto. This
appointment may be terminated, subject to approval by order of this Court, if the alleged
incapacitated person substitutes his own attorney for the attorney hereby appointed.

2. _____ is appointed
Elisor to serve on and read to the protected person/person with a developmental disability the
Petition for Appointment of Guardian Advocate and all other pleadings required to be served on
and read to the protected person/person with a developmental disability.

3. All persons having custody, control, or access to the person or property of the

person with a developmental disability, upon request of the above-appointed attorney, are directed to make such person and property, including all medical and financial records requested that pertain to and may affect the proper representation of the protected person/person with a developmental disability, immediately available to that attorney for private consultation, inspection, and study.

DONE AND ORDERED this _____ day of _____, 20____.

Circuit Judge

Copies to:
Petitioners
Appointed Attorney/Elisor

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

File No. _____
Division Probate

PROOF OF SERVICE OF FORMAL NOTICE

I/We certify that on _____, a true copy of a **Petition**
for Appointment of Guardian/Co-Guardian Advocate(s) and a true copy of
the **Formal Notice** thereof filed in the above proceeding were mailed by United
States certified mail, return receipt requested, postage prepaid, or were delivered
in a manner permitted by Florida Probate Rule 5.040(a), to: **(list**
below all next of kin, with addresses, from Formal Notice)

Signed receipts or other evidence that delivery was made to, or
refused by, each addressee or the addressee's agent **ARE ATTACHED (Certified**
Mail Receipt with accompanying signed green card). Signed on this ____
day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

IN THE CIRCUIT COURT FOR _____ COUNTY,

FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

NOTICE OF HEARING

TO: *(This date is coordinated with the J.A., and the Attorney/Elisor for the Protected Person/Ward, then mailed by U.S. mail to the Attorney/Elisor, and to all next of kin. List their names and addresses below.)*

YOU ARE HEREBY NOTIFIED that the Petitioner/Proposed Guardian/Co-Guardian(s) will call up for hearing before the _____, judge of the above court, at the _____ County Courthouse, Courtroom or Courtroom/ Hearing Room #_____, the address of which is _____, on (date) _____, at (time) _____ or as soon thereafter as same

may be heard, the **Petition for Appointment of Guardian/Co-Guardian Advocate(s).**

Time set aside by the court is fifteen minutes.

PLEASE GOVERN YOURSELVES ACCORDINGLY.

I CERTIFY that a copy of this Notice of Hearing has been furnished to the above addressees by U.S. mail on this ____ day of _____ 20__.

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

AMERICAN WITH DISABILITIES ACT: If you are a person with a disability who needs any accommodation to participate in a court proceeding or event, you are entitled, at no cost to you, to the provision of certain assistance. Please contact, at least seven days before your hearing:
(get the contact information from your county's clerk of court, and list here)

ADA Coordinator, address, phone and fax number:

Name: _____

Address: _____

Phone: _____

Fax: _____

If you are hearing or voice impaired, call 711 to reach the Telecommunications Relay Service.

Americans with Disabilities paragraphs
To be included on the last page of the Notice of Hearing
MUST BE TYPED IN 14 PT BOLD

Seminole County

AMERICANS WITH DISABILITIES ACT. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. If you require assistance please contact: ADA Coordinator, at Seminole Court Administration, 301 N. Park Ave, Suite N301, Sanford, Florida, 32771-1292, (407) 665-4227. NOTE: You must contact coordinator at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Orange County

AMERICANS WITH DISABILITIES ACT. If you are a person with a disability who needs any accommodation in order to participate in a court proceeding or event, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Orange County, ADA Coordinator, Human Resources, Orange County Courthouse, 425 N. Orange Avenue, Suite 510, Orlando, Florida, (407) 836-2303, fax: 407-836-2204; and in Osceola County, ADA Coordinator, Court Administration, Osceola County Courthouse, 2 Courthouse Square, Suite 6300, Kissimmee, FL 34741, (407) 742-2417, fax 407-835-5079, at least 7 days before your scheduled court appearance, or immediately upon receiving notification if the time before the scheduled court appearance is less than 7 days. If you are hearing or voice impaired, call 711 to reach the Telecommunications Relay Service.

Osceola County

AMERICANS WITH DISABILITIES ACT. If you are a person with a disability who needs any accommodation in order to participate in a court proceeding or event, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Orange County, ADA Coordinator, Human Resources, Orange County Courthouse, 425 N. Orange Avenue, Suite 510, Orlando, Florida, (407) 836-2303, fax: 407-836-2204; and in Osceola County, ADA Coordinator, Court Administration, Osceola County Courthouse, 2 Courthouse Square, Suite 6300, Kissimmee, FL 34741, (407) 742-2417, fax 407-835-5079, at least 7 days before your scheduled court appearance, or immediately upon receiving notification if the time before the scheduled court appearance is less than 7 days. If you are hearing or voice impaired, call 711 to reach the Telecommunications Relay Service.

Lake County

AMERICANS WITH DISABILITIES ACT. If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator for Lake County, Nichole Berg, at (352) 253-1604, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IN THE CIRCUIT COURT FOR _____ COUNTY,

FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____

Division Probate

CONSENT AND WAIVER OF NOTICE

*(When possible, signed and filed with the Clerk of Court for
each next of kin of the Protected Person.)*

The undersigned, whose complete name and complete address are:

and who has an interest in the above Guardian Advocacy as the
(brother/sister/parent/child) _____ of the Protected Person,

acknowledges receipt of a copy of the ***Petition for Appointment of
Guardian/Co-Guardian Advocate(s)*** and ***Formal Notice***, and hereby waives
hearing and notice of hearing thereon, and consents to the settlement and
entry of an order granting the relief requested in the Petition without notice or
hearing.

Signed this ____ day of ____ **20**__.

Signature: _____

Printed Name: _____

Relationship: _____

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO: _____
DIVISION PROBATE

Respondent,
Person with Developmental Disability

ORDER APPOINTING GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF THE PERSON

Upon consideration of the petition for the appointment of a guardian advocate (and co-guardian advocate, if applicable) of the person the court finds that (Respondent's name) _____ has a developmental disability of a nature which requires the appointment of Guardian/Co-Guardian Advocate(s) of the person based upon the following findings of fact and conclusions of law, as required by §393.12, Florida Statutes:

1. The nature and scope of the Respondent's lack of decision-making ability are:

_____.

2. The exact areas in which the Respondent lacks decision-making ability to make informed decisions about care and treatment services or to meet the essential requirements for his/her physical health and safety are as specified in paragraph 4.

3. The specific legal disability to which the person with a developmental disability is subject to is: _____, which manifested before the age of 18, and can be reasonably expected to continue indefinitely.

4. The powers and duties delegated to the Guardian Advocate are:

- () to apply for government benefits;
- () to determine residency and contract for residential placement;
- () to consent to medical, dental and mental health treatment;
- () to make decisions about social environment/social aspects of life; and
- () to make decisions regarding education, and educational and vocational rehabilitation entitlements.

5. There are no alternatives to Guardian Advocacy such as trust agreements, powers of attorney, designations of health care surrogate, or other advanced directives, known to petitioner(s) that would sufficiently address the issues of the Respondent in whole or in part. Thus, it is necessary that a Guardian/Co-Guardian Advocate be appointed to exercise some but not all of the rights of the Respondent.

6. Without first obtaining specific authority from the Court, as stated in section 744.3725, Florida Statute, the guardian advocate may not exercise any authority over any health care surrogate appointed by any valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this Court.

7. The Respondent shall retain all legal rights except those which are specifically delegated to the Guardian Advocate(s) pursuant to court order.

ORDERED AND ADJUDGED:

1. _____ is qualified to serve as Guardian Advocate of the Person and is hereby appointed as Guardian Advocate of the Person of _____ (Respondent's name).

2. _____ is qualified to serve as Co-Guardian Advocate of the Person and is hereby appointed as Co-Guardian Advocate of the Person of _____

3. The Guardian/Co-Guardian Advocate(s) shall exercise only the rights that the Court has found the disabled person incapable of exercising on his or her own behalf, as outlined herein above. Said rights are specifically delegated to the Guardian/Co-Guardian Advocate(s).

4. Any Co-Guardian Advocates may act either together or may act independently of each other regarding the above referenced duties related to the Respondent

ORDERED on _____, 20____.

Circuit Judge

**IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION**

**IN RE: GUARDIAN ADVOCACY
OF**

**FILE NO: _____
DIVISION PROBATE**

**Respondent,
Person with Developmental Disability**

LETTERS OF GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF THE PERSON

TO ALL WHOM IT MAY CONCERN:

WHEREAS, _____ has/have been appointed Guardian/Co-Guardian Advocate(s) of the Person for _____, a person with a developmental disability who lacks the decision-making capacity to do some of the tasks necessary to take care of his/her person;

NOW, THEREFORE, I, the undersigned circuit judge, declare that _____ is/are duly qualified under the laws of the State of Florida to act as Guardian/Co-Guardian Advocate(s) of the Person of _____, with full power to exercise the following duties on behalf of the person with a developmental disability:

- () to apply for government benefits;
- () to determine residency and contract for residential placement;
- () to consent to medical, dental and mental health treatment;
- () to make decisions about social environment/social aspects of life; and
- () to make decisions regarding education, and educational and vocational rehabilitation entitlements.

FURTHER, I, the undersigned circuit judge, declare that any Co-Guardian Advocates may act either together or may act independently of each other regarding the above referenced duties related to the Respondent.

Without first obtaining specific authority from the Court, 744.3215(4) and 744.3725, Florida Statutes, the Guardian Advocate/Co-Guardian Advocates may not:

(a) Commit the Respondent to a facility, institution, or licensed service provider without formal placement proceedings, pursuant to Chapter 393, Florida Statutes;

(b) Consent to the participation of the Respondent in any experimental biomedical or behavior procedure, exam, study, or research;

(c) Consent to the performance of a sterilization or abortion procedure on the Respondent,

(d) Consent to termination of life support systems provided for the Respondent,

(e) Initiate a petition for dissolution of marriage for the Respondent;

(f) Exercise any authority over any health care surrogate appointment by a valid advance directive executed by the disabled person, pursuant to Chapter 765, Florida Statutes, except upon further order of this court.

The Respondent shall retain all legal rights except those which are specifically granted to the Guardian Advocate(s) pursuant to court order.

ORDERED on _____, 20____.

Circuit Judge

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO: _____
DIVISION PROBATE

Respondent,
Person with Developmental Disability

ORDER APPOINTING STANDBY GUARDIAN ADVOCATE OF THE PERSON

THIS CAUSE having coming before the court on the Petition for the Appointment of Standby Guardian Advocate of the Person, and the court being advised in the premises, it is hereby

ORDERED AND ADJUDGED AS FOLLOWS:

1. It is necessary and appropriate for the protection and well-being of the Respondent that a Standby Guardian Advocate to be appointed to assume the duties of the Guardian Advocate(s) upon their death, adjudication of incapacity, or resignation as Guardian Advocate(s).
2. _____ is qualified to serve as Standby Guardian Advocate of the Person and is hereby appointed as Standby Guardian Advocate of the Person.
3. The Standby Guardian Advocate shall have no authority to execute any of the powers and duties as Guardian Advocate until he or she has taken and filed the prescribed oath, submitted to the required background vetting procedure and has been confirmed as Guardian Advocate by the court with the entry of an Order Appointing Guardian Advocate and Letters of Guardian Advocate.

ORDERED on _____, 20____.

Circuit Judge

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO: _____
DIVISION PROBATE

Respondent,
Person with Developmental Disability

INITIAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN ADVOCATE(S) OF THE PERSON

_____, the Guardian/Co-Guardian Advocate(s) of the person of the Respondent, submit(s) the following plan as the Initial Guardianship Report of the Guardian/Co-Guardian Advocate(s):

1. The Respondent's address at the time of the filing of this plan is:

_____.

2. During the period beginning _____ (the date the Letters of Guardian/Co-Guardian Advocate(s) of the Person were signed), and ending _____ (the last day of the month of the anniversary month of your appointment one year later), the Guardian Advocate(s) propose(s) the following plan for the benefit of the Respondent.

- a. Medical, mental or personal care services to be provided for the welfare of the Respondent:

_____.

- b. Social and personal services to be provided for the welfare of the Respondent:

_____.

c. Place and kind of residential setting best suited for the needs of the Respondent:

d. Description of health and accident insurance and any other private or governmental benefits to which the Ward may be entitled to meet any part of the costs of medical, mental health or related services provided to the Respondent:

e. Physical and mental examinations necessary to determine the Respondent's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations: *(this is for the coming year, and what you think will happen during that period)*

<u>Type of Examination</u>	<u>Name of Person Performing Examination</u>	<u>Date of Examination</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

f. The following preexisting orders not to resuscitate executed under Fla. Stat. § 401.45(3) and preexisting advance directives, as defined in Fla. Stat. § 765.101, have been identified and located:

The following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

<u>Date of Order/Directive</u>	<u>Description of Order/Directive</u>	<u>Suspended by Court?</u>
--------------------------------	---------------------------------------	----------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The Guardian/Co-Guardian Advocate(s) has/have consulted with the Respondent and, to the extent reasonable, honored the Respondent's wishes consistent with the rights retained by the Respondent under the plan.

4. To the maximum extent reasonable, the plan is in accordance with the wishes of the Respondent.

5. This Initial Guardianship Plan does not restrict the physical liberty of the Respondent more than is reasonably necessary to protect the Respondent or others from serious physical injury, illness or disease and provides the Respondent with medical care and mental health treatment for the Respondent's physical and mental health.

Under penalties of perjury, I/we declare that I/we have read the foregoing, and the facts alleged are true, to the best of [my/our] knowledge and belief.

Signed on _____, 20__.

Signature: _____

Guardian/Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Guardian/Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Certificate of Service

(A certificate of service as required by Florida Rule of Judicial Administration 2.516 must be included if Respondent is over the age of 14 and is not totally incapacitated)

I hereby certify that on _____, 20____, the foregoing document has been furnished by:

_____ email delivery, or

_____ U.S. mail delivery, or

_____ fax delivery,

to: Name, address, email, fax number of recipients:

Signature: _____

Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

IN THE CIRCUIT COURT FOR _____
COUNTY, FLORIDA **PROBATE**
DIVISION

IN RE: GUARDIAN
ADVOCACY OF

File No. _____
Division Probate

ORDER APPROVING INITIAL GUARDIAN ADVOCACY PLAN
OF GUARDIAN ADVOCATE(S) OF THE PERSON

The Court has reviewed the Initial Guardian Advocacy Plan of the Guardian/Co-Guardian Advocate(s) of the person of _____, the Protected Person/Ward (hereafter known as the "Protected Person/Ward"), consisting of the Initial Guardianship Plan filed on _____, and the Clerk's report thereon filed on _____. The Court finds that said Report:

- (a) Meets the needs of the Protected Person/Ward;
- (b) Authorizes the Guardian Advocate(s) to act only in areas in which the Protected Person/Ward has been declared incapacitated; and
- (c) Conforms to all other requirements of the Florida Statutes.

It therefore is

ADJUDGED that the Initial Guardian Advocacy Report (Initial Guardian Advocacy Plan) of the Guardian/Co-Guardian Advocate(s) of the person is approved and constitutes the authority for the Guardian/Co-Guardian Advocate(s) to act in the forthcoming year, and the Guardian/Co-Guardian Advocate(s)'s powers are limited as set forth in said Report.

ADJUDGED FURTHER, that any attorney/Elisor appointed by the Court to represent the Protected Person/Ward and review that Initial Guardianship Report is discharged.

DONE AND ORDERED in _____ County, Florida, on _____.

Circuit Judge

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA **PROBATE DIVISION**

IN RE: GUARDIAN **File No. _____**
ADVOCACY OF

**PROOF OF COMPLETION OF REQUIRED
GUARDIAN ADVOCATE EDUCATION CLASS**

I/we, _____,
the Guardian/Co-Guardian Advocates, completed the required guardian
education course. Attached are copies of the Certificates of Completion.

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____.

Name

Signature

Name

Signature

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO: _____

DIVISION PROBATE

Respondent,
Person with Developmental Disability

ANNUAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF PERSON

_____, the Guardian/Co-Guardian Advocate(s) of the
Person of _____ (the Respondent), and submits the following plan as
the Annual Guardianship Report.

The Annual Guardian Advocacy Plan for the period beginning _____, and
ending _____, shall be as follows:

1. The Respondent's address at the time of filing the plan is

_____.

The Respondent's residence is (group home, assisted living, live with parents, Respondent's
private residence, other: please specify): _____

2. During the preceding year (prior 12 months), the Respondent was maintained at
(include dates, names, addresses and length of stay at each place):

LOCATION

DATES

LENGTH OF STAY

3. The current residential setting (is or is not) _____ best suited for the
current needs of the Ward.

4. Plans for ensuring that the Respondent is in the best residential setting to meet the Respondent's needs during the coming year (next twelve months) are as follows:

5. The following is a description of the Respondent's medical, mental health and rehabilitation needs: _____.

6. The following preexisting orders not to resuscitate executed under Fla. Stat. § 401.45(3) and preexisting advance directives, as defined in Fla. Stat. § 765.101, have been identified and located:

<u>Date of Order/Directive</u>	<u>Description of Order/Directive</u>	<u>Suspended by Court?</u>
_____	_____	_____
_____	_____	_____

If none, the following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

7. The following is a description of professional medical treatment given to the Respondent during the preceding year:

<u>Name of Physician</u>	<u>Treatment</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

8. Attached is a report of a physician who examined the Respondent no more than ninety (90) days before the beginning of the report period, containing an evaluation of the Respondent's condition and a statement of the current level of capacity of the Respondent.

9. The plan for providing medical, mental health and rehabilitative services in the coming year (next twelve months) is as follows: _____.

10. The following information is submitted concerning the social condition of the Ward:

a. The social and personal services currently used by the Respondent are as

follows:

Name and address

Services rendered

b. The following is a statement of the social skills of the Respondent, including how well the Respondent communicates and maintains interpersonal relationships:

_____.

c. The following is a description of the social needs of the Respondent:

_____.

11. The following is a summary of activities during the preceding year that were designed to enhance the capacity of the Respondent: _____

_____.

12. The Respondent (is or is not) _____ now capable of having some or all of the Respondent's rights restored. If so, the rights (*to marry, to vote, to travel, to have a driver's license, to seek or retain employment, to personally apply for government benefits, to contract, to sue and defend lawsuits, to manage property or to make any gift or disposition of property, to determine the Ward's residence, to consent to medical and mental health treatment, to make decisions about the Ward's social environment or other social aspects of the Ward's life OR list "NONE"*) that should be restored are identified as follows:

13. I/We (do or do not) _____ plan to seek the restoration of any rights to the Respondent.

14. This plan (has or has not) _____ been reviewed with the Respondent to the extent possible.

15. The Guardian/Co-Guardian Advocate(s) has/have received the following remuneration for services rendered to or on behalf of the Ward (if none, list "NONE."):

Description

Amount

Under penalties of perjury, I/we declare that I/we have read the foregoing, and the facts alleged are true, to the best of my/our knowledge and belief.

Signed on this _____ day of _____, 20____.

Signature: _____
Guardian/Co-Guardian Advocate
Name: _____
Address: _____

Phone Number: _____
Email Address: _____

Signature: _____
Guardian/Co-Guardian Advocate
Name: _____
Address: _____

Phone Number: _____
Email Address: _____

Certificate of Service

(A certificate of service as required by Florida Rule of Judicial Administration 2.516 must be included if Respondent is over the age of 14 and is not totally incapacitated.)

I hereby certify that on _____, 20____, the foregoing document has been furnished by:

_____ email delivery, or
_____ U.S. mail delivery, or
_____ fax delivery,

to: Name, address, email, fax number of recipients:

Signature: _____
Guardian Advocate
Name: _____
Address: _____

Phone Number: _____
Email Address: _____

IN THE CIRCUIT COURT OF _____ COUNTY, FLORIDA

DIVISION PROBATE
Case No.:

Respondent,
Person with Developmental Disability

PHYSICIAN'S REPORT

**(Required by Florida Statutes, Section 744.3675 for filing with Annual
Guardian Advocacy Plan)**

1. Name of Physician:
Address:
2. Name of the Protected Person/Ward:
3. Date of examination:
4. Purpose of examination:
 - A. Regular checkup
 - B. Treatment for
5. Evaluation of Protected Person/Ward's condition: (Specify mental and physical condition at time of examination)
6. Description of Protected Person/Ward's capacity to live independently: _____
7. The Protected Person/Ward (*does or does not*) _____ continue to need the assistance of a Guardian.
8. Is the Protected Person/Ward capable of being restored to capacity at this time? (*Yes or No*) _____
9. Date of this report: _____

Signature of physician completing this report

IN THE CIRCUIT COURT FOR _____

**IN THE CIRCUIT COURT OF _____ COUNTY,
FLORIDA**

PROBATE DIVISION

**IN RE: GUARDIAN
ADVOCACY OF**

_____ **File No.** _____

Division Probate

**NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING
(Attending Physician's Report for Annual Plan)**

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), I
hereby certify:

I am filing herewith a document containing confidential information
as described in Rule 2.420(d)(1)(B) and that:

(a) The title/type of Document is: **PHYSICIAN REPORT OF
ATTENDING PHYSICIAN**, and:

(b) The confidential information within the document is precisely
located at:

ENTIRE DOCUMENT-MEDICAL REPORT.

Signed this ____ day of _____ 20 ____ .

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Proposed Co-Guardian Advocate

Name: _____

Address: _____

Phone Number: _____

Note: The clerk of court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within five days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than ten days, unless a motion is filed pursuant to subdivision(d)(3) of the Rule. Fla. R. Jud. Admin. 2.420.

IN THE CIRCUIT COURT FOR _____
COUNTY,
FLORIDA **PROBATE DIVISION**

IN RE: GUARDIAN
ADVOCACY OF

File No. _____
Division Probate

ORDER APPROVING ANNUAL GUARDIAN ADVOCACY PLAN
OF GUARDIAN ADVOCATE OF THE PERSON

The Court has reviewed the Annual Guardian Advocacy Plan filed on _____, by the Guardian/Co-Guardian Advocate(s) of the person of the Protected Person/Ward (hereafter known as "Protected Person/Ward"), and the Clerk's report thereon filed _____. The Court finds the Annual Guardianship Plan for the year beginning _____, and ending _____,

- (a) Meets the needs of the Protected Person/Ward;
 - (b) Authorizes the Guardian Advocate(s) to act only in areas in which the Protected Person/Ward has been declared incapacitated;
 - (c) Conforms to all other requirements of the Florida Statutes;
- and
- (d) Does not seek or provide for additional authority to be delegated to the Guardian Advocate(s) which has not heretofore been granted after a hearing, as provided for in Florida Statutes Section 744.331.

It therefore is ADJUDGED that the Annual Guardian Advocacy Plan

is approved and constitutes the authority for the Guardian Advocate(s) to act in the forthcoming year, and the Guardian Advocate(s)'s powers are limited as set forth therein.

DONE AND ORDERED in _____ County, Florida, on
_____, **20**__.

Circuit Judge