

IN RE: GUARDIAN ADVOCACY OF _____ Case No. _____

Name of Person with a Developmental Disability

PETITION FOR APPOINTMENT OF GUARDIAN ADVOCACY OF THE PERSON ONLY

Petitioner, _____, files the petition pursuant to section 393.12, Florida Statutes, and Florida Probate Rule 5.649 and alleges that:

1. The petitioner, proposed guardian advocate, _____, is _____ years of age, whose residential address is _____
_____ and post office address is _____
_____.

The relationship of the petitioner to the respondent is, _____.

2. _____, is the person with a developmental disability who was born on, _____ (date) and who is, _____ years of age, who resides in _____ County, Florida. The residential address of the respondent is, _____
_____ and post office address is _____
_____.

3. The petitioner believes that respondent needs a guardian advocate:

- a. due to the following developmental disability:

- i. Intellectual disability;
- ii. Cerebral palsy;
- iii. Autism;
- iv. Spina bifida

- v. Down syndrome
- vi. Phelan McDermid syndrome; or
- vii. Prader Willi syndrome

which manifested prior to the age of 18.

b. The developmental disability has resulted in the following substantial handicaps: _____

4. The exact areas in which the person with the developmental disability lacks the ability to make informed decisions about his/her care and treatment services or to meet the essential requirements for his/her physical health or safety are as follows:
 - a. To apply for government benefits;
 - b. To determine residency;
 - c. To consent to medical and mental health treatment;
 - d. To make decisions about social environment/social aspects of life;
 - e. To make decisions regarding education.

5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, known to petitioner that would sufficiently address the problems of the respondent in whole or in part. Thus, it is necessary that a guardian advocate be appointed to exercise some but not all of the rights of respondent.

6. The names and addresses of the next of kin of the respondent are:

Name	Address	Relationship
------	---------	--------------

7. The proposed guardian advocate, _____, whose residence address is _____

 and whose post office address is _____
 _____;
- is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. The proposed guardian advocate is not a professional guardian. The relationship of the proposed guardian advocate with the providers of health care services, residential services, or other services to the respondent is (if none, indicate: NONE): _____
8. The petitioner(s) allege(s) that to their knowledge, information, and belief, respondent has _____ or _____ has NOT executed an advance directive under chapter 765, Florida Statutes, (designated health care surrogate or other advance directive) or a durable power of attorney under chapter 709, Florida Statutes.
9. *(If a Co-Guardian Advocate sought, complete this paragraph.)* Petitioner requests that _____, be appointed co-guardian advocate of the person of respondent. The proposed co-guardian advocate, _____, who is _____ years of age, whose residence is _____;
 whose post office address is _____;
- is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. The proposed co-guardian advocate is not a professional guardian. The relationship of the proposed 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 and previous association of the proposed co-guardian advocate to the respondent is _____. The proposed co-guardian advocate should be appointed because: _____

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 Proposed Guardian Advocate

Printed Name of Proposed Guardian Advocate

Address

City, State and Zip

Phone Number

Email Address

Signed on this _____ day of _____, 20_____.

Signature of Proposed Co-Guardian Advocate

Printed Name of Proposed Co-Guardian Advocate

Address

City, State and Zip

Phone Number

Email Address