

Respondent has the right to substitute an attorney of his or her own choice in place of the attorney appointed by the court.

CERTIFICATE OF SERVICE

I CERTIFY that a copy of the foregoing notice of filing petition to appoint guardian advocate and notice of hearing and a copy of the petition for appointment of guardian advocate of the person was served on all persons indicated above, including on the attorney for the respondent, on _____ (date).

Signed on this ____ day of _____, 20 ____.

Signed on this ____ day of _____, 20 ____.

Signature of Proposed Co-Guardian Advocate

Signature of Proposed Co-Guardian Advocate

Printed Name of Proposed Co-Guardian Advocate

Printed Name of Proposed Co-Guardian Advocate

Address

Address

City, State and Zip

City, State and Zip

Phone number

Phone number

Email Address

Email Address

"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 Brooke Dean, Operations Division Manager, whose office is located at Lee County Justice Center, 1700 Monroe Street, Fort Myers, Florida 33901, and whose telephone number is (239) 533-1771, 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."