

IN RE: Guardianship of the Person

Case No. _____

Ward an Incapacitated Person

PETITION FOR APPOINTMENT OF GUARDIAN

Petitioner, _____, files this petition pursuant to section 744.1097, Florida Statutes, and alleges that:

1. Petitioner, proposed guardian _____, who is _____ years of age, whose residential address is _____ and post office address is _____. The relationship of the petitioner to the respondent is _____.

2. Venue is proper in _____ pursuant to section 744.1097(2), Florida Statutes, (choose one):
 - a. the incapacitated person resides in _____ Florida;
 - b. the incapacitated person is not a Florida resident but owns property in _____, Florida; or
 - c. a debtor of the incapacitated person resides in _____ Florida and the incapacitated person is not a Florida resident and does not own property in Florida.

3. The nature of the incapacity of the respondent: _____

4. The extent of the guardianship requested for respondent:
 - a. plenary; or
 - b. limited.

5. The guardianship requested for the respondent is (choose one):

- a. of the person;
- b. of the property; or
- c. of the person and property.

6. The nature and value of the property subject to guardianship: _____

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

Name	Address	Relationship

8. Choose one:

- a. the petitioner proposes that _____ be appointed as guardian and that _____ is qualified to serve;
- b. a willing and qualified guardian has not been located; or
- c. the proposed guardian is a professional guardian and has complied with the registration requirements of section 744.2002, Florida Statutes.

9. The proposed guardian should be appointed because: _____

10. There _____ are or _____ are not alternatives to the appointment of a guardian, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, known to petitioner.

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

Signed on this _____ day of _____, 20_____.

Signature of Guardian Advocate

Printed Name of Guardian Advocate

Address of Applicant

City, State and Zip

Phone Number

Email Address