

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR LEE COUNTY, FLORIDA
PROBATE ACTION

IN RE: GUARDIAN ADVOCACY OF _____ Case No. _____

Name of Person with a Developmental Disability

OATH OF GUARDIAN ADVOCATE, DESIGNATION OF RESIDENT AGENT & ACCEPTANCE

STATE OF FLORIDA

COUNTY OF LEE

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.

Dated this _____ day of _____, 20_____.

Signature of Guardian Advocate

Address

City State Zip

Phone #

Email

STATE OF FLORIDA
COUNTY OF LEE

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 Lee 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