

Tom Bexley
Flagler County Clerk of Circuit Court & Comptroller
Kim C. Hammond Justice Center
1769 E Moody Boulevard, Building 1
Bunnell, Florida 32110

Phone: (386) 313-4497

probate@flaglerclerk.com

GUARDIAN ADVOCATE FORMS

PLEASE NOTE: Forms provided in this packet are for Guardian Advocate of Person only. If you need to seek appointment of a Guardian Advocate of the Person *and* Property, please contact an attorney.

Packet Price: 37 pages at \$.15 per page for total of \$5.55

LIST OF DOCUMENTS IN PACKET

Please refer to the Guardian Advocate Information for the step-by-step process of filing forms.

1. Guardian Advocate List of Forms
2. Guardian Advocate Information
3. Petition for Appointment of Guardian Advocate of the Person
4. Application for Appointment as Guardian Advocate
5. Oath of Guardian Advocate, Designation of Resident Agent & Acceptance
6. Application for Appointment as Standby Guardian Advocate,
7. Oath of Standby Guardian Advocate, Designation of Resident Agent & Acceptance
8. Standby Guardian Advocate's Joinder in Petition
9. Guardianship Education and Background Check Requirements
10. Certificate of Service of Petition Notice of Hearing
11. Proposed Order Appointing Guardian Advocate of the Person
12. Proposed Letters of Guardian Advocate of the Person
13. Proposed Order Appointing Standby Guardian Advocate of the Person
14. Proposed Letters of Standby Guardian Advocate of the Person
15. Initial Guardianship Plan of the Guardian of the Person (Adult Ward)
16. Physician's Report
17. Proof of Service of Initial Plan of Guardian Advocate of the Person
18. Annual Guardianship Plan of the Guardian Advocate of the Person (Adult Ward)
19. Physician's Report

Background Check Information:

Please retain the ORI number when getting Fingerprints completed. This allows the background check to come directly to our office.

The Guardianship ORI number is: **FL018043Z**

Hours of Operation 8:30 am - 4:30 pm

GUARDIAN ADVOCATE INFORMATION

For Persons with a Developmental Disability

What is a Guardian Advocate?

Often a Guardian Advocate needs to be appointed when a person with a developmental disability turns 18 years old. Upon becoming an adult, the parent no longer has the legal ability to make decisions for them. To qualify under Florida Statutes, the person with a developmental disability must have a disorder or syndrome that is attributable to Intellectual Disability, Cerebral Palsy, Autism, Spina Bifida, Down Syndrome, Phelan-McDermid Syndrome or Prader-Willi Syndrome; that manifests before the age of 18; and constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Guardian Advocacy is a process for families, caregivers, and friends of individuals with a developmental disability to obtain a guardianship without declaring the individual incompetent. Guardian Advocate appointments are governed by Florida Statute Section 393.12. The appointment of a Guardian Advocate allows the guardian to make decisions for the person with a developmental disability. Not everyone with a developmental disability needs a legal guardian. One is necessary if the person lacks the decision-making ability to make necessary decisions relating to daily life. During any Guardian Advocate proceedings, the Court will appoint an attorney for the person with a developmental disability to ensure their best interest is protected.

The Guardian Advocate is responsible for only those duties approved by the Judge and listed in the Court Order. The process of becoming a Guardian Advocate of the person does not require the hiring of an attorney other than the attorney that is appointed to represent the person with a developmental disability. If there is property involved, other than social security benefits or other government payee programs, the person seeking to become a Guardian Advocate of the Person and the Property must hire an attorney.

In cases where the petitioner is not represented by an attorney, the Court will schedule and notice the hearing for appointment of guardian advocate once the appropriate documents have been filed. If you believe you have filed all appropriate documents but have not received a notice of hearing, you may contact the Clerk of Court at (386) 313-4497 or probate@flaglerclerk.com.

Co-Guardian Advocates and Standby Guardians Advocates

A co-guardian advocate has all the same rights and responsibilities as a guardian. Referring to "Co-Guardians" simply means that the person with a developmental disability has more than one appointed guardian. This may be useful for ensuring that a guardian with full authority is available and able to act when the other guardian is unavailable. The blank petition enclosed in this packet includes a section for appointment of co-guardian advocate that can be utilized if the Petitioner wishes for a co-guardian advocate to be appointed.

A standby guardian advocate is a person appointed by the acting guardian to step in as acting guardian upon the death, incapacity, removal, or resignation of the guardian. If the guardian dies, becomes incapacitated, is removed as guardian, or resigns, the standby guardian is authorized to immediately assume the duties of the guardian. However, within 20 days after assumption of the duties as guardian, the standby guardian must petition the court for confirmation of their appointment.

If the court finds that the standby guardian is qualified to serve as guardian under sections 744.309 and 744.312, Florida Statutes, the court must confirm the appointment. If the standby guardian is confirmed as guardian, they must file an oath in accordance with section 744.347, Florida Statutes, submit to a credit and criminal history record check as set forth in section 744.3135, Florida Statutes, and file a bond (if required by the court). Letters of guardianship will be issued in the manner provided in section 744.345, Florida Statutes. The blank petition enclosed in this packet includes a section for the appointment

of a standby guardian advocate that can be utilized if the Petitioner wishes for a standby guardian advocate to be appointed.

Background Check Requirements:

Florida Statute Section 744.3135 requires a non-professional Guardian Advocate to submit, at their own expense, to an investigation of the Guardian Advocate's credit history and to a level 2 background screening prior to being appointed to serve as Guardian Advocate. The Guardian Advocate must call a live scan service provider to schedule an appointment to undergo the finger printing process. Locally, this service is provided by the Flagler County Sheriff's Office (FCSO), as well as the Flagler County Clerk of Court. If FCSO is utilized for live scan fingerprints, please give the Sheriff's Office the following ORI number: FL018043Z for the transmittal of the fingerprints. Fingerprint services are also available at the Kim C. Hammond Justice Center, 1769 E. Moody Blvd, Bldg. #1, Bunnell, Florida, in the Recording Department of the Flagler County Courthouse. The Recording Department is located on the 1st floor of the courthouse, and offers fingerprint services for Guardianship and Name change cases between the hours of 8:30 a.m. and 3:30 p.m. The cost of obtaining live scan fingerprints from the Clerk of Court is \$47.25. Please remember the background check must be completed before the court hearing for appointment as Guardian Advocate.

File all Paperwork with the Clerk's Office

Include one original and one copy of all forms and an envelope with postage and addressed to the proposed Attorney for the person with a developmental disability. It is the Petitioner's responsibility to obtain an Attorney to represent the person with a developmental disability.

Petitioner must pay the required filing fees, which are subject to change by Florida Statute:

- Filing Fee for Guardian Advocate of Person only: \$235.00
- Filing Fee for Guardian Advocate of Person and Property is \$400.00. However, the petitioner must be represented by an attorney to seek appointment as guardian advocate of both the person *and property*.

Hearing

- Attend with the person with a developmental disability if they are able to travel.
- Bring your proposed Orders filled out and typed completely if they have not already been filed with the Clerk of Court.

Requirements for Guardian Advocates after Court Appointment

Education Requirement:

Florida Statutes 393.12(10) and 744.3134 requires every person appointed as a Guardian Advocate to complete educational training. Once a person is appointed by the Court to be the Guardian Advocate, they must complete the required training within four months of his or her appointment.

Each person appointed as a Guardian Advocate must complete a minimum of 8 hours of instruction and training. Proof of completion must be filed with the Court.

An approved course on guardianship education is available at Daytona State College and can be completed online. The Clerk of Court can provide you with the web address.

Required Filings with Court after Appointment:

Guardians are required to file certain periodic reports with the Court. Failure to comply with any of the reporting requirements may require appearance before the Court and finer, removal, or other actions may be taken against the Guardian Advocate.

Initial and Annual Plans:

The Initial Plan must be filed within 60 days from the date of appointment as Guardian Advocate. The annual plans thereafter are due within 90 days after the last day of the anniversary month of appointment as Guardian Advocate. Although they are included in the initial packet, do not file them until the appropriate due date.

The forms provided must be filled out in detail with no blanks. Failure to complete them may result in the sanctions listed above.

Please note that a physician's report is required to be attached to the annual plan. It must be signed by the physician, not a nurse practitioner.

Restoration of Rights:

Any interested person, including the person with a developmental disability may file a suggestion of restoration of rights with the Court. This must state the person with a developmental disability is currently capable of exercising some or all the rights given to the Guardian Advocate. Meaning the person is no longer in need of a Guardian Advocate. Some evidentiary support must be included in the filing of the suggestion. Such evidentiary support includes: a signed statement from a medical, psychological, or psychiatric doctor who has evaluated the person with a developmental disability. If no evidentiary support can be assessed, then the petitioner may state a good faith basis for suggestion. The Court shall immediately set a hearing.

Disclaimer

The Clerk neither expresses or implies warrant that the information or data accessed by the customer is accurate or correct. The Clerk shall not be liable for any loss, cost, damage, or expense arising directly or indirectly in connection with this access. In no event shall the Clerk be liable for any special or consequential damages or for any indirect damages resulting from the Customer's use or application of the information accessed as a result of using this information and/or data.

Guardian Advocate Checklist

Complete the Initial Paperwork:

- Petition for Appointment of Guardian Advocate of the Person
- Oath of Guardian Advocate, Designation & Acceptance. (One for Guardian Advocate, one for the Co-Guardian Advocate, and one for the Standby Guardian Advocate, as applicable).
- Application for Appointment as Guardian Advocate. If the petitioner is seeking the appointment of Co-Guardian Advocates, each of the Co-Guardian Advocates must complete applications.
- Application for Appointment as Standby Guardian Advocate (if applicable).
- Joinder signed by the proposed Standby Guardian Advocate (if applicable).
- Guardian Education and Background Check Requirements Form
- Proposed Order Appointing Guardian Advocate of the Person (and one for Standby Guardian Advocate if needed)
- Proposed Letters of Guardian Advocate of the Person (and one for Standby Guardian Advocate if needed)
- Obtain copies of medical records and/or school records that demonstrate that the person with a developmental disability was diagnosed with a qualifying developmental disability before the age of 18 that can reasonably be expected to continue indefinitely. File the records with the Clerk of Court.
- As soon as the court has set your hearing, use form (j) (certificate of service) to give notice of the hearing and a copy of the Petition for Appointment of Guardian Advocate to all next of kin of the person with a developmental delay. Fla. Prob. R. 5.649; section 744.102(14), Fla. St.

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE
OF THE PERSON ONLY

Petitioner _____ alleges the following:

1. Petitioner's residence is

County of _____ and Petitioner's mailing address, if different, is

2. Petitioner's date of birth is _____.

3. The Petitioner's relationship to the person with a developmental disability is
_____.

4. The name of the person who is in need of a guardian advocate due to a developmental disability is
_____.

5. The date of birth and age of the person with a developmental disability is
_____.

6. The address of the person with a developmental disability is

7. Petitioner believes that the person with a developmental disability needs a guardian advocate due to the following developmental disability which manifested prior to age eighteen (18) (check all that apply):

Intellectual Disability

Down Syndrome

Cerebral Palsy

Phelan-McDermid Syndrome

Autism

Prader-Willi Syndrome

Spina Bifida

8. The developmental disability has resulted in (insert name of person with developmental disability) _____ being unable to perform the following tasks or unable to make the following decisions without assistance:

9. The exact areas in which (insert name of person with developmental disability) _____ lacks capacity to make informed decisions about care and treatment services or to meet the essential requirements for physical health and safety are (check all that apply):

- to apply for government benefits
- to determine residency
- to consent to medical and mental health treatment

- to make decisions about social environment/ social aspects of life
- to make decisions regarding education

10. There are / are not (circle one) alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogates, or other advanced directives known to the Petitioner. If the Petitioner is aware of any such alternatives, please list the documents and explain why they are insufficient to meet the needs of the person with a developmental disability:

11. The name and address and relationship to the person with a developmental disability of the proposed guardian advocate (e.g. Mother, 123 Main Street) is:

12. The names and addresses of the developmentally disabled person's next-of-kin and their relationship to the developmentally disabled person are:

13. Describe the relationship (familiarity or connection) the proposed guardian advocate has or has had with health care providers or providers of other services to the developmentally disabled person. (If none, indicate NONE).

14. The proposed guardian advocate is / is not (circle one) seeking authority to bring a civil action in circuit court to establish periodic payments from either or both parents of the person with a developmental

* disability for the support, care, maintenance, education, or other needs of that person pursuant to section 61.1255, Florida Statutes.

15. If a Co-Guardian Advocate is sought, complete this paragraph. Petitioner requests that _____ be appointed co-guardian advocate of the person of the developmentally disabled person. The proposed co-guardian advocate is _____ years of age and resides at _____ The co-guardian advocate's mailing address (if different) is _____

The co-guardian advocate is over the age of 18 and is otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of the developmentally disabled person. The proposed co-guardian advocate is not a professional guardian. The relationship of the proposed guardian advocate with the providers of health care services or other services to the developmentally disabled person is _____ (if none, indicate NONE):

16. The relationship between the proposed co-guardian advocate and the developmentally disabled person is _____. The proposed co-guardian should be appointed because _____

17. If a standby guardian is sought, complete this paragraph. Petitioner requests that _____ be appointed standby advocate of the person of the developmentally disabled person. The proposed standby guardian advocate is _____ years of age and resides at _____ The standby guardian advocate's mailing address (if different) is _____

The relationship of the proposed standby guardian to the developmentally disabled person is _____

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: _____

Signature: _____
Proposed Guardian Advocate

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature: _____
Proposed Co -Guardian Advocate

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____

Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE
OF THE PERSON ONLY

Pursuant to Florida Statute 393.12, the undersigned submits this Application for Appointment as Guardian Advocate of

_____, (the person with a developmental disability) and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Name: _____
2. Age: _____
3. Residence Address: _____
4. Mailing Address (indicate "same" if same as residence): _____
5. Home and/or Cell Phone Number: _____
6. Are you a U.S. Citizen? (*circle YES or NO*) YES NO
7. Employer's Name and Address: _____

Employer Phone Number: _____

Applicant's Job Title: _____

8. If currently serving as guardian/guardian advocate for any other ward, list names of each ward, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the limited or plenary guardian or guardian advocate of the person or property or both:

9. Does the applicant have any physical disabilities?

(*circle YES or NO*) YES NO

If yes, please describe and state whether such disability may affect applicant's ability, in any

degree, to serve as guardian advocate:

10. Has the applicant ever been treated for the following: (circle YES or NO)

- | | | |
|---------------------|-----|----|
| a. Mental Condition | YES | NO |
| b. Alcohol | YES | NO |
| c. Drugs | YES | NO |
| d. Other | YES | NO |

Nature of condition and summary of treatment:

11. Has the applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? (circle YES or NO) YES NO

12. Has the 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 Sections 415.104 and 415.1075, Florida Statutes? (circle YES or NO) YES NO

13. Has the applicant ever been charged with fraud, misrepresentation, or perjury in a judicial or administrative proceeding? (circle YES or NO) YES NO

If yes, please give date and complete details:

14. Has the applicant ever been charged with, arrested for, or convicted of a felony? (circle YES or NO) YES NO

If yes, please furnish details including date, type of offense, location, and final disposition:

15. Has the applicant ever been charged with, arrested for, or convicted of any other crimes? (circle YES or NO) YES NO

If yes, please furnish details including date, type of offense, location, and final disposition:

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

(circle YES or NO) YES NO

If yes, please describe position, date, amount of bond and name of surety:

17. Has the applicant, in the past, ever served as guardian/guardian advocate of a person or of a person's property?

(circle YES or NO) YES NO

If yes, please describe below, including reason for termination of fiduciary position:

18. Has the applicant ever been held in contempt of court or removed as a guardian/guardian advocate?

(circle YES or NO) YES NO

If yes, please describe below:

19. Has the applicant ever filed for bankruptcy?

(circle YES or NO) YES NO

If yes, please state date and location of court:

20. What is the applicant's relationship with the person with a developmental disability?

21. Is the applicant, or applicant's business, corporation, or other business entity a creditor of, or providing professional, personal, or business services to the person with a developmental disability?

(circle YES or NO) YES NO

If yes, please furnish details below:

22. Is the applicant employed by a business, corporation, or other business entity which is providing professional, personal, or business service to the person with a developmental disability?

(circle YES or NO) YES NO

If yes, please furnish details below:

23. Is the applicant a health provider for the person with a developmental disability?

(circle YES or NO) YES NO

24. Educational history of the applicant:

	NAME	ADDRESS	DEGREE	DATE
HIGH SCHOOL:				
COLLEGE:				
OTHER:				

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

	NAME	ADDRESS	DATE	REASON FOR LEAVING
1.				
2.				
3.				
4.				
5.				

26. Has the applicant ever been discharged from employment by any employer listed above?

(circle YES or NO) YES NO

If yes, please explain:

27. Does the applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate?

(circle YES or NO) YES NO

If yes, please describe below:

28. Has the applicant received instruction and training which covered the legal duties and responsibilities of guardian/guardian advocate, the rights of an incapacitated person or Ward, the availability of local resources to aid a Ward, and the preparation of habitual plans and annual guardian advocate reports, including financial accounting for the ward's property?

(circle YES or NO) YES NO

If so, indicate when and where training was received:

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_____.

Applicant Signature: _____

Print Name: _____

Address: _____

10. Has the applicant ever been treated for the following: (*circle YES or NO*)

- | | | |
|---------------------|-----|----|
| e. Mental Condition | YES | NO |
| f. Alcohol | YES | NO |
| g. Drugs | YES | NO |
| h. Other | YES | NO |

Nature of condition and summary of treatment:

11. Has the applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? (*circle YES or NO*) YES NO

12. Has the 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 Sections 415.104 and 415.1075, Florida Statutes? (*circle YES or NO*) YES NO

13. Has the applicant ever been charged with fraud, misrepresentation, or perjury in a judicial or administrative proceeding? (*circle YES or NO*) YES NO

If yes, please give date and complete details:

14. Has the applicant ever been charged with, arrested for, or convicted of a felony?
(*circle YES or NO*) YES NO

If yes, please furnish details including date, type of offense, location, and final disposition:

15. Has the applicant ever been charged with, arrested for, or convicted of any other crimes?
(*circle YES or NO*) YES NO

If yes, please furnish details including date, type of offense, location, and final disposition:

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

✓ (circle YES or NO) YES NO

If yes, please describe position, date, amount of bond and name of surety:

17. Has the applicant, in the past, ever served as guardian/guardian advocate of a person or of a person's property?

(circle YES or NO) YES NO

If yes, please describe below, including reason for termination of fiduciary position:

18. Has the applicant ever been held in contempt of court or removed as a guardian/guardian advocate?

(circle YES or NO) YES NO

If yes, please describe below:

19. Has the applicant ever filed for bankruptcy?

(circle YES or NO) YES NO

If yes, please state date and location of court:

20. What is the applicant's relationship with the person with a developmental disability?

21. Is the applicant, or applicant's business, corporation, or other business entity a creditor of, or providing professional, personal, or business services to the person with a developmental disability?

(circle YES or NO) YES NO

If yes, please furnish details below:

If yes, please explain:

27. Does the applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate?

(circle YES or NO) YES NO

If yes, please describe below:

28. Has the applicant received instruction and training which covered the legal duties and responsibilities of guardian/guardian advocate, the rights of an incapacitated person or Ward, the availability of local resources to aid a Ward, and the preparation of habitual plans and annual guardian advocate reports, including financial accounting for the ward's property?

(circle YES or NO) YES NO

If so, indicate when and where training was received:

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_____.

Applicant Signature: _____

Print Name: _____

Address: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

STANDBY GUARDIAN ADVOCATE'S JOINDER IN PETITION

The undersigned joins in the Petition for Appointment of Guardian Advocate of the Person and Appointment of Standby Guardian Advocate; the undersigned is sui juris (over 18 years of age) and is otherwise qualified under the laws of the State of Florida to act in such capacity and waives the requirement of a Notice of Hearing with respect to entry of an Order Appointing Standby Guardian Advocate; and the undersigned is willing to serve as Standby Guardian Advocate.

Signed on _____, 20_____.

Signature: _____

Proposed Standby Guardian Advocate

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

OATH OF GUARDIAN ADVOCATE,
DESIGNATION OF RESIDENT AGENT & ACCEPTANCE

STATE OF FLORIDA
COUNTY OF FLAGLER

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

1. I will faithfully perform the duties of Guardian Advocate(s) of the Person of _____ (the Ward), according to law and accept the Designation as Resident Agent.
2. My place of residence is _____ and post office address _____

Signed on _____, 20_____.

Signature: _____
Affiant - Resident Agent

Sworn to and subscribed before me on _____, 20_____ by Affiant(s), who are personally known to me _____ or who produced _____ as identification.

Notary Public Signature

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

OATH OF STANDBY GUARDIAN ADVOCATE,
DESIGNATION OF RESIDENT AGENT & ACCEPTANCE

STATE OF FLORIDA
COUNTY OF FLAGLER

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

1. I will faithfully perform the duties of Guardian Advocate(s) of the Person of
_____ (the Ward), according to law
and accept the Designation as Resident Agent.

2. My place of residence is _____
and post office address _____

Signed on _____, 20_____.

Signature: _____
Affiant - Resident Agent

Sworn to and subscribed before me on _____, 20 _____ by Affiant(s),
who are personally known to me _____ or who produced _____ as identification.

Notary Public Signature

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

GUARDIAN EDUCATION AND BACKGROUND CHECK REQUIREMENTS

Pursuant to Florida Statutes 744.3135 and 744.3145, I, _____
the proposed guardian advocate of understand I am required to submit to a criminal history
background screening prior to appointment as guardian advocate and attend the Guardian Education
course within four months of being appointed.

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_____.

Applicant Signature: _____

Print Name: _____

Address: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

CERTIFICATE OF SERVICE OF PETITION
NOTICE OF HEARING

To: _____
Address: _____

Please take notice that on the _____ day of _____, at _____ a.m./p.m., or as soon thereafter as counsel can be heard, the undersigned will bring on to be heard the Petition for Appointment of Guardian Advocate of the Person before the Honorable Circuit Court Judge _____ in the Court Room _____, Kim C. Hammond Justice Center, Bldg. #1, Bunnell, Florida 32110. The hearing will be held to inquire into the capacity of the person with a developmental disability to exercise the rights enumerated in the enclosed Petition. The person with a developmental disability has the right to be represented by counsel of his or her own choice. The court may appoint counsel for the person with a developmental disability. If you fail to appear, judgment may be entered upon the Petition for Appointment of a Guardian Advocate of the Person. You are required to file written defense objections to the Petition on or before the date of the hearing, and you or your attorney may appear at the hearing on the Petition.

Please govern yourself accordingly,

I HEREBY CERTIFY that a copy of the forgoing Notice of Hearing and the Petition for Appointment of Guardian Advocate was (circle one) mailed / hand delivered to the above-named addresses on the aforementioned date.

Dated: _____

Signature: _____

Proposed Guardian Advocate

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature: _____

Proposed Co -Guardian Advocate

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

ORDER APPOINTING ATTORNEY FOR THE
PERSON WITH A DEVELOPMENTAL
DISABILITY

These proceedings are of a kind where appointment of an attorney is either required by law or is desirable. It is therefore ORDERED that:

Attorney Name: _____
Attorney Address: _____
Attorney Phone Number: _____
Attorney Email: _____

Is hereby appointed as Attorney for _____
a person with a developmental disability, on a pro bono basis or as provided by the Indigent Services Committee (ISC).

1. A copy of this Order shall serve as authorization for the Attorney to inspect and abstract any of the records relating to the person with a developmental disability maintained by the Clerk of this Court, DHRS, any school, hospital, doctor, or other social or human services agency without the necessity of written consent by the parents. Any information received from such source shall be kept confidential. The Attorney shall not disclose the same except in written or oral reports to the Court or as otherwise authorized by the Court.

2. The Petitioner shall provide the attorney named herein with copies of all pleadings, notices, and other documents filed in this action.

DONE AND ORDERED in Chambers, at Bunnell, Flagler County, Florida.

Circuit Judge

Copies furnished to:
Email: _____
Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

**ORDER APPOINTING GUARDIAN ADVOCATE OF THE PERSON ONLY
(AND CO-GUARDIAN ADVOCATE IF APPLICABLE)**

Upon consideration of the Petition for the Appointment of Guardian Advocate(s) of the Person, the Court finds that _____ the person with a developmental disability, has a developmental disability of a nature which requires the appointment of a Guardian Advocate of the person based upon the following findings of fact and conclusions of law, as required by section 393.12(2) (a), Florida Statutes:

The nature and scope of the person's lack of decision-making ability are:

The exact areas in which the person lacks decision-making ability to make informed decisions about care and treatment services or to meet the essential requirements for his or her physical health and safety are:

The specific legal disabilities to which the person with a developmental disability is subject to are:

The powers and duties of the Guardian Advocate are:

- to determine residence;
- to consent to medical, dental, and surgical care and treatment;
- to make decisions about the social environment or other social aspects of the person with a developmental disability's life
- to act as representative payee of government benefits or to seek such benefits

Without first obtaining specific authority from the Court, as stated in section 744.3725, Florida Statutes, the Guardian Advocate may not:

(a) commit the person with a developmental disability 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 person with a developmental disability in any experimental biomedical or behavior procedure, exam, study, or research;

(c) consent to the performance of a sterilization or abortion procedure on the disabled person;

(d) consent to termination of life support systems provided for the person with a developmental disability;

(e) initiate a petition for dissolution of marriage for the ward;

(f) 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.

_____ (the person with a developmental disability) shall retain all legal rights except those which are specifically granted to the Guardian Advocate pursuant to court order.

CONSIDERED, ORDERED & ADJUDGED:

1. _____ is/are qualified to serve as Guardian Advocate(s) of the person and is hereby appointed as Guardian Advocate(s) of the Person of _____

(the person with a developmental disability).

2. The 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 hereby removed from the person with a developmental disability and specifically delegated to the Guardian Advocate(s).

3. Upon taking and filing the prescribed oath conditioned on the faithful performance of all duties by the guardian, letters of guardianship shall be issued.

DONE AND ORDERED in Chambers, at Bunnell, Flagler County, Florida.

Circuit Judge

Copies furnished to:

Email: _____

Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

ORDER APPOINTING STANDBY GUARDIAN ADVOCATE OF THE PERSON ONLY

Upon consideration of the Petition for the Appointment of Guardian Advocate(s) of the Person, the Court finds that _____ is appointed as the Guardian Advocate(s) of _____ the person with a developmental disability and on the Guardian Advocate(s) request a Standby Guardian Advocate be appointed:

IT IS ORDERED & ADJUDGED AS FOLLOWS:

1. It is necessary for a Standby Guardian Advocate to be appointed to assume the duties of the Guardian Advocates upon their death, adjudication of incapacity or resignation of the 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 of _____
3. The Standby Guardian Advocate(s) shall have no authority to execute any of the powers and duties as Guardian Advocate until he/she has taken and filed the prescribed oath and Letters of the Guardian Advocate have been issued by the Court.
4. The Standby Guardian Advocates shall exercise only the rights the Court has found the Ward is incapacitated to exercise as previously filed with this Court.

DONE AND ORDERED in Chambers, at Bunnell, Flagler County, Florida.

Circuit Judge

Copies furnished to:
Email: _____
Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

LETTERS OF GUARDIAN ADVOCATE OF THE PERSON ONLY

TO ALL WHOM IT MAY CONCERN:

WHEREAS _____ has been
Appointed Guardian Advocate(s) of the Person, _____
a person with a developmental disability who lacks the decision-making capacity to do some, but not
all, of the tasks necessary to take care of his/her person; and

WHEREAS, the Guardian Advocate has taken and filed the prescribed oath and performed all other
acts prerequisite to the issuance of Letters of Guardian Advocate of the Person;

NOW, THEREFORE, I, the undersigned circuit judge, declare that _____

_____ is duly qualified under the laws of the State of Florida to act as Guardian Advocate of the Person of

_____ with full power to exercise the following powers and duties on behalf of the person with a
developmental disability:

- to determine residence;
- to consent to medical, dental, and surgical care and treatment;
- to make decisions about the social environment or other social aspects of
the person with a developmental disability life;
- to act as representative payee of government benefits or to seek such benefits.

Without first obtaining specific authority from the Court, as stated in section 744.3725, Florida
Statutes, the Guardian Advocate may not:

- (a) commit the person with a developmental disability 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 person with a developmental disability in any
experimental biomedical or behavior procedure, exam, study or research;
- (c) consent to the performance of a sterilization or abortion procedure on the disabled person;

- consent to termination of life support systems provided for the person with a developmental disability;
- (d) initiate a petition for dissolution of marriage for the ward;
- (e) 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.

(the person with developmental disability) shall retain all legal rights except those which are specifically granted to the Guardian Advocate pursuant to court order.

DONE AND ORDERED in Chambers, at Bunnell, Flagler County, Florida.

Circuit Judge

Copies furnished to:

Email: _____

Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

INITIAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN OF THE PERSON (ADULT WARD)

_____, the guardian of the person of _____
(the Ward), submits the following plan as the Initial Guardianship Plan of this guardian:

1. During the period beginning _____ and ending _____, the guardian proposes the following plan for the benefit of the Ward, which is based upon the recommendation of the examining committee's comprehensive examination, as incorporated into the Court's Order Determining Incapacity.

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

b. Social and personal services to be provided for the best welfare of the Ward:

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

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 Ward:

e. Physical and mental examinations necessary to determine the Ward's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations:

TYPE OF EXAMINATION	NAME OF PERSON PERFORMING EXAMINATION	DATE OF EXAMINATION

2. The following is a list of any preexisting orders not to resuscitate executed under s. 401.45(3) or preexisting advance directives, as defined ins. 765.101. (For every directive or order listed, include the date the order or directive was signed, and whether such order or directive has been suspended by the court):

ORDER OR DIRECTIVE	DATE EXECUTED

3. Give a description of the steps taken to identify and locate the preexisting order not to resuscitate, or advance directive:

4. The guardian hereby attests that the guardian has consulted with the Ward and, to the extent reasonable, honored the Ward's wishes consistent with the rights retained by the Ward under the plan, and to the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.

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

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: _____

Signature: _____

Guardian Advocate

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature: _____

Co -Guardian Advocate

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

PHYSICIAN'S REPORT- ADULT WARD
(Required by Florida Statutes, Section 744.3675)

1. Name of Physician: _____
Address: _____

2. Name of the Ward: _____

3. Date of examination: _____

4. Purpose of examination: _____

a. Regular Checkup: _____

b. Treatment for: _____

5. Evaluation of Ward's condition: (specify mental and physical condition at time of examination):

6. Description of Ward's capacity to live independently: _____

7. Does Ward continue to need assistance of a guardian?
(circle one) YES NO

8. Is the Ward capable of being restored to capacity at this time?
(circle one) YES NO

9. Date of this report: _____

10. Signature of physician completing this report: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

PROOF OF SERVICE OF INITIAL
PLAN OF GUARDIAN ADVOCATE OF
THE PERSON

I certify that the Initial Plan of the Guardian Advocate of the Person, consisting of the Initial Guardianship Plan, was filed with the Court on _____ and copies thereof were served on the Ward and attorney for the Ward, if any, at the following addresses:

By: _____
On: _____

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: _____

Signature: _____
Guardian Advocate
Print Name: _____
Address: _____

Phone Number: _____
Email: _____

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

Phone Number: _____
Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

ANNUAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN OF THE PERSON (ADULT WARD)

_____, the guardian of the person of _____
(the Ward), submits the following plan as the Initial Guardianship Plan of this guardian:

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

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

2. During the prior twelve (12) months, the Ward resided at:

3. The current residential setting best suited for the current needs of the Ward is as follows:

4. The plan for the next (12) months to ensure the Ward is in the best residential setting to meet
the Ward's needs is as follows:

5. Any professional medical treatment given to the Ward during the prior (12) months was as
follows:

6. Attached is a report of a physician who examined the Ward no more than ninety (90) days before
the date of this plan is filed, including the physician's evaluation of the Ward's condition and a
statement of the current level of capacity of the Ward.

7. The plan for provision of medical, mental health, and rehabilitation services of the Ward:

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

A) The social and personal service currently used by the Ward, are as follows:

NAME AND ADDRESS	SERVICES RENDERED

B) The following statement of the social skills of the Ward, including how well the Ward communicates and maintains interpersonal relationships:

C) The following is a description of the social needs of the Ward:

9. During the prior twelve (12) month period, the following activities were efforts to enhance the capacity of the Ward:

10. The following is a list of any preexisting orders not to resuscitate executed under s. 401.45(3) or preexisting advance directives, as defined ins. 765.101. (For every directive or order listed, include the date the order or directive was signed, and whether such order or directive has been suspended by the court):

ORDER OR DIRECTIVE	DATE EXECUTED

11. Give a description of the steps taken to identify and locate the preexisting order not to resuscitate, or advance directive:

12. Is the Ward now capable of having some or all of the Ward's rights restored? If so, identify the rights that should be restored:

(circle one) YES NO

13. Do you plan to seek the restoration of any right to the Ward?

(circle one) YES NO

14. Has this plan been reviewed with the Ward?

(circle one) YES NO

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

Dated: _____

Signature: _____

Guardian Advocate

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature: _____

Co -Guardian Advocate

Print Name: _____

Address: _____

Phone Number: _____

Email: _____

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR FLAGLER COUNTY, FLORIDA

Case Number: _____
Division: 48

IN RE: THE GUARDIAN ADVOCACY OF:

PHYSICIAN'S REPORT- ADULT WARD
(Required by Florida Statutes, Section 744.3675)

1. Name of Physician: _____
Address: _____

2. Name of the Ward: _____

3. Date of examination: _____

4. Purpose of examination: _____

a. Regular Checkup: _____

b. Treatment for: _____

5. Evaluation of Ward's condition: (specify mental and physical condition at time of examination):

6. Description of Ward's capacity to live independently: _____

7. Does Ward continue to need assistance of a guardian?

(circle one) YES NO

8. Is the Ward capable of being restored to capacity at this time?

(circle one) YES NO

9. Date of this report: _____

10. Signature of physician completing this report: _____