

IN THE CIRCUIT COURT OF
THE NINTH JUDICIAL CIRCUIT,
OSECOLA COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

Case No.: _____.

**PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE
OF THE PERSON ONLY**

FORM D

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 name of the person in need of a Guardian Advocate due to a developmental
disability is: _____.
The nature of this person's developmental disability is: _____
_____.
This person's age and date of birth is: _____.
The Petitioner's relationship to the person with a developmental disability is:
_____.
The Petitioner believes a Guardian Advocate is necessary because:

_____.

4. The specific and exact areas in which the person with a developmental disability lacks the decision-making ability to make informed decisions about his or her care and treatment services or to met the essential requirements for his or her physical health or safety are: _____

And the specific legal disabilities are: _____

5. The name and address and relationship to the person with a developmental disability of the proposed guardian advocate is: _____

and the relationship of the proposed guardian advocate had or has with a provider of health care services, or other services to the person with a developmental disability is: _____

6. Petitioner requests the appointment of a Standby Guardian Advocate in the event of their untimely death or incapacity.

7. By initialing the Petitioner requests waiver of the following:

____ Educational Requirement

____ Background Investigation Requirement

WHEREFORE:

Petitioner requests _____ be appointed as Guardian Advocate of the Person and that _____ be appointed as Standby Guardian Advocate of the person. Petitioner also requests that educational requirements be waived. Petitioner states that he/she is a resident of Osecola County and is sui juris and otherwise qualified under the laws of the State of Florida to act in such capacity.

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.

Executed this _____ day of _____, 20__.

Petitioner