

Guardian Advocacy Forms

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*These documents are located on the Sixth Judicial Circuit Website (www.jud6.org)

under Guardianship Information / Forms.

FORM A

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PASCO COUNTY, FLORIDA
Probate Division

IN RE: GUARDIAN ADVOCACY OF CASE NO.: _____

_____ /
A Person with a Developmental Disability, SECTION: _____

PETITION FOR APPOINTMENT OF GUARDIAN/CO-GUARDIAN ADVOCATE(S)

Petitioner(s), allege:

1. Petitioner (Full name) _____'s
Residence is _____ and
Mailing address is _____ and
Email Address is: _____

2. (If Co-Guardian Advocacy/Co Guardian is sought, list 2nd Petitioner here. If none, write "none")
Petitioner (Full name) _____'s
Residence is _____ and
Mailing address is _____ and
Email Address is: _____

3. Petitioner's date of birth is _____ and is an adult, age _____. Petitioner's relationship to _____, the person with a developmental disability/alleged incapacitated person (hereinafter the "Ward") is _____.

4. (If Co-Guardian Advocate/Co-Guardian, list 2nd Petitioner here. If none, write "none")
Petitioner's date of birth is _____ and is an adult, age _____. Petitioner's relationship to the Ward is _____.

5. (Ward's full name) _____ is a person with a developmental disability, who was born on _____, and who is _____ Years of age. The Ward's primary spoken language is _____ and the last four digits of the Ward's Social Security number is XXX-XX-_____

The Ward resides in _____ County, Florida, and his/her residential address is: _____ and his/her mailing address is: _____.

6. The Ward's next of kin is/are: (include names and addresses of any non-petitioning spouse, parent, and any adult siblings:

7. The Petitioner(s) believe that the Ward is in need of a Guardian Advocate due to his/her developmental disability which manifested itself prior to the age of eighteen (18), specifically (choose one or all that apply):

- intellectual disability (Specify Type if Known: _____)
- cerebral palsy
- autism
- Spina Bifida
- Prader-Willi syndrome
- Down syndrome
- Phelan-McDermid syndrome

As a result of the above selected condition, the Ward lacks the decision-making ability to do some of the tasks necessary to care for his or her person or property and all medical probability indicates that this condition can reasonably be expected to continue indefinitely.

8. The Petitioner(s) believe(s) a Guardian Advocate is necessary because the Ward lacks the decision-making ability to make informed decisions about the Ward's own person, specifically the following rights: (check all which apply)

Person, Delegable

- To determine residence
- To consent to medical treatment
- To make decisions about environment or other social aspects of life

Property, Delegable

- To contract
- To sue and defend lawsuits
- To manage property and income or make any gift or disposition of property
- To apply for government benefits

Person, Non-Delegable

- To marry
- To vote
- To have a driver's license
- To travel

Property, Non-delegable

- To seek and retain employment

9. Petitioner(s) is/are willing and able to act as Guardian Advocate for the Ward, and should be appointed as Guardian Advocate because Petitioner(s) is/are the Ward's _____ (insert relationship to Ward), is willing to serve in that capacity, and is best qualified to act on the Ward's behalf.

10. In accordance with Probate Rule 5.649(a)(7), Petitioner(s) has/have knowledge, information or belief that the Ward HAS/ HAS NOT created an advanced directive, Health Care Surrogate or a durable power of attorney.

11. The Petitioner(s) further state(s) that the Ward is is not indigent. If the ward is indigent and having no assets and no income other than public assistance and requests that the Court waive all costs incurred commencing this case and direct the Clerk of the Circuit Court to void all charges related to same. If the Ward is indigent, an Application for Determination of Indigent Status must be filed with this Petition. See Form C

12. Petitioner(s) file(s) with this Court his/her/their Application(s) for Appointment as Guardian Advocate in conjunction with this Petition, pursuant to the applicable Administrative Order of the Court and has completed the Mandatory Guardianship Checklist (Form K) and files the checklist with this petition. Petitioner(s) has/have completed instructions for a Criminal Background Check and has used Pasco ORI# FL051014Z to order a copy of the results of the background check to be delivered to the Clerk of the Court. Petitioner(s) has/have completed the DCF Release form and forwarded the form to the probate division at the Pasco Clerk of Court.

WHEREFORE, The Petitioner(s) request(s) this Court set a hearing to inquire into the Decision-making Ability of the Ward, and should the Court determine it is appropriate to do so, enter an Order appointing the Petitioner(s) as Guardian Advocate(s) for the Ward.

The Petitioner(s) further request(s) that this Court allow the Guardian Advocate(s) to file a Case Plan in the form of an Individual Education Plan (IEP), Support Plan, Habilitation Plan, a report from Agency for Persons with Disabilities or a Simplified Guardian Advocate plan, in lieu of the filing of an Initial Plan and Annual Plan, including a physician's report.

The Petitioner(s) further request(s) that this Court allow the Guardian Advocate(s) to file an Affidavit annually stating where the Ward resides and that the funds the Ward receives are used for care maintenance and support of the Ward, if applicable.

[NOTHING FURTHER IN THIS PAGE]

Under penalties of perjury, I/We 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____.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

(Petitioner)

(If co-Guardians, both sign)

Executed this _____ day of _____, 20____.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

(Co-Petitioner)

FORM B

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA PROBATE DIVISION

REF #: - -GA -

IN RE: The GUARDIANSHIP OF

APPLICATION FOR APPOINTMENT AS GUARDIAN OR GUARDIAN ADVOCATE

Pursuant to Sections 744.3125 and 393.12 of the Florida Statutes, the undersigned submits this Application for Appointment as Guardian or Guardian Advocate of _____ and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Applicant's Full Name:

2. Specify Applicant's relationship with the alleged incapacitated person/developmentally Disabled person (or Ward):

_____.

3. Applicant's Social Security Number: _____ - _____ - _____

4. Date and place of birth: _____

5. Residence address: _____

Street City State Zip

6. Mailing address _____

Street City State Zip

7. E-mail address: _____

8. U.S. citizen? Yes No

9. Employer's name and address:

Name Street City State Zip

(If self-employed provide corporate or d/b/a title)

• Applicant's position: _____

• Professional license number (if any): _____

10. Please specify if:

Unemployed Yes No Retired Yes No Homemaker Yes No

11. Marital status: Married Divorced Single

If married, name of spouse: _____

12. Home telephone number: _____

13. Length of residence in county where application is filed: _____

14. Do you serve as Guardian for another ward? Yes No

15. If Yes, provide Ward(s) information below:

Ward #1

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited Guardian Advocacy

Ward #2

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited Guardian Advocacy

16. Are you a Professional Guardian registered with the Office of Public and Professional Guardians?

Yes No If Yes, then attach a complete list of your current wards, location of guardianship and case number to this application.

17. Does the Applicant have any physical disabilities? If yes, describe and state whether they may affect to any extent the Applicant's ability to serve as a guardian.

Has applicant ever been diagnosed with and treated for any of the following:

a. Mental illness? Yes No

If yes, provide date, location of treatment, any voluntary or involuntary hospitalizations, name of treating physician or professional, and specify if psychotropic medication was prescribed and if Applicant is compliant with the prescribed medication regimen:

Date	Location	Name of treating physician/professional
------	----------	---

b. Alcohol abuse? Yes No

If yes, provide date, location of treatment, and name of treating physician or professional.

Date	Location	Name of treating physician/professional
------	----------	---

c. Drug abuse? Yes No

If yes, provide date, location of treatment, and name of treating physician or professional:

Date	Location	Name of treating physician/professional
------	----------	---

d. Other? Yes No

If yes, describe condition, provide date, location of treatment, and name of treating physician or professional:

Date	Location	Name of treating physician/professional
------	----------	---

e. Do you own or possess any firearms? Yes No

If so, describe your safety procedures and/or precautions: _____

18. Has Applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes No

If yes, please give date(s) and complete details:

19. Has applicant even been the subject of a confirmed report or judicial determination of abuse, neglect or exploitation of a child, vulnerable adult or elderly person which is prohibited under the provisions of Sections 435.04, 39.01? 984.02 Or 984.03(1), (2), or (37)?

Yes No

If yes, please give date(s) and complete details:

19 a. Has Applicant ever been arrested for or charged with a Felony? Check yes even if the record

of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes

Yes No

If yes, specify type of offense, location, and final disposition:

b. Has Applicant ever been convicted of or entered a plea of guilty or no contest to a felony? Check yes even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes Yes No

If yes, specify type of offense, location, and final disposition:

c. Has applicant ever been arrested for or charged with any crime other than a Felony? Check yes even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes Yes No

If yes, specify type of offense, location, and final disposition:

d. Has Applicant even been convicted of, entered a plea of guilty or no contest to any crime Other than a felony? Check yes even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes Yes No

If yes, specify type of offense, location, and final disposition:

20. Has Applicant ever held a position which required bonding?

Yes No

21. Has Applicant ever been removed from a position of Guardian, Agent under a Power of Attorney, Trustee or other fiduciary position for cause?

Yes No

If yes, describe and specify the reason for termination of fiduciary position:

22. Has Applicant ever been held in contempt of court or removed as a guardian or other fiduciary petition by a court?

Yes No

If yes, identify the court, case name and case number and specify the reason(s):

23. Has Applicant ever filed for Bankruptcy?

Yes No

If yes, specify date and location of court:

24. Is Applicant or Applicant's business, corporation or other business entity a creditor of, or providing professional, personal or business services to the alleged incapacitated person (or Ward)?

Yes No

If yes, furnish details:

25. Is Applicant employed by a business or corporation that provides professional, personal or business services to the alleged incapacitated person (or Ward)? Yes No

If yes, furnish details:

26. Is Applicant a licensed health care provider for the alleged incapacitated person (or Ward)?

Yes No

If yes, furnish details:

27. List Applicant's educational history (If needed, insert more pages):

School #1

Name of School/College/Other:

Address:

Street

City

State

Zip

Date degree conferred: _____

Degree: _____

School #2

Name of School/College/Other:

Address:

Street

City

State

Zip

Date degree conferred: _____

Degree: _____

School #3

Name of School/College/Other:

Address:

Street

City

State

Zip

Date degree conferred: _____

Degree: List Applicant's employment history for the past five years in reverse chronological order (If needed, insert more pages):

Employer #1

Name of Company:

Address:

Street City State Zip

Beginning date: _____ Ending date: _____

Reason for leaving:

Employer #2

Name of Company:

Address:

Street City State Zip

Beginning date: _____ Ending date: _____

Reason for leaving:

Employer #3

Name of Company:

Address:

Street City State Zip

Beginning date: _____ Ending date: _____

Reason for leaving:

28. Has Applicant ever been discharged from employment? Yes No

If yes, provide explanation:

29. Has Applicant ever been a member of the armed forces of the U.S.? Yes No

If yes, provide the following information:

Branch: _____

Release date: _____

Military Serial #: _____

30. Provide the names, addresses, and telephone numbers of three responsible persons (excluding relatives or spouse) who have been closely associated with Applicant and who have known Applicant for at least five years:

Reference #1

Name of referee:

Address:

_____ Street _____ City _____ State _____ Zip

Telephone #:

Number of years known: _____

Reference #2

Name of referee:

Address:

_____ Street _____ City _____ State _____ Zip

Telephone #:

Number of years known: _____

Reference #3 Name of referee:

Address:

	Street	City	State	Zip Telephone
#:				

Number of years known: _____

31. Does Applicant have any special educational qualifications (financial, business, or other) that uniquely qualify Applicant to be appointed as guardian? Yes No

If yes, describe the qualifications:

32. Has Applicant complied with the guardian education requirements set forth in section 744.3145, Florida Statutes? Yes No

If yes, indicate when and where the training was received:

UNDER PENALTIES OF PERJURY I declare that I have read the foregoing application and the facts alleged are true, to the best of my knowledge and belief.

Date Signed by Applicant: _____

Applicant's Signature: _____

FORM C

IN THE CIRCUIT/COUNTY COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

CASE NO. _____

Plaintiff/Petitioner or in the Interest Of _____
vs.

Defendant/Respondent _____

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the clerk's office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

1. I have _____ dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married?...Yes....No Does your Spouse Work?...Yes....No Annual Spouse Income? \$ _____

2. I have a net income of \$ _____ paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job.....	Yes \$ _____	No _____	Veterans' benefits.....	Yes \$ _____	No _____
Social Security benefits			Workers compensation.....	Yes \$ _____	No _____
For you.....	Yes \$ _____	No _____	Income from absent family members.....	Yes \$ _____	No _____
For child(ren).....	Yes \$ _____	No _____	Stocks/bonds.....	Yes \$ _____	No _____
Unemployment compensation.....	Yes \$ _____	No _____	Rental Income.....	Yes \$ _____	No _____
Union payments.....	Yes \$ _____	No _____	Dividends or Interest.....	Yes \$ _____	No _____
Retirement/pensions.....	Yes \$ _____	No _____	Other kinds of income not on the list.....	Yes \$ _____	No _____
Trusts.....	Yes \$ _____	No _____	Gifts.....	Yes \$ _____	No _____

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash.....	Yes \$ _____	No _____	Savings account.....	Yes \$ _____	No _____
Bank account(s).....	Yes \$ _____	No _____	Stocks/bonds.....	Yes \$ _____	No _____
Certificates of deposit or money market accounts.....	Yes \$ _____	No _____	Homestead Real Property*.....	Yes \$ _____	No _____
Boats*.....	Yes \$ _____	No _____	Motor Vehicle*.....	Yes \$ _____	No _____
			Non-homestead real property/real estate*.....	Yes \$ _____	No _____

*show loans on these assets in paragraph 5

Check one: I () DO () DO NOT expect to receive more assets in the near future. The asset is _____.

5. I have total liabilities and debts of \$ _____ as follows: Motor Vehicle \$ _____, Home \$ _____, Other Real Property \$ _____, Child Support paid direct \$ _____, Credit Cards \$ _____, Medical Bills \$ _____, Cost of medicines (monthly) \$ _____, Other \$ _____.

6. I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this _____ day of _____, 20_____.

Date of Birth _____ Driver's License or ID Number _____

Signature of Applicant for Indigent Status _____
Print Full Legal Name _____
Phone Number: _____

Address, P O Address, Street, City, State, Zip Code _____

FORM D

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PASCO COUNTY, FLORIDA
Probate Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

SECTION: _____

A Person with a Developmental Disability,

_____ /

WAIVER AND CONSENT TO APPOINTMENT OF GUARDIAN ADVOCATE

The undersigned, whose complete name and address are:

_____, and who

Has an interest in the above Guardian Advocacy as the spouse brother sister parent child

Of the person with a developmental disability/Ward, acknowledges receipt of a copy of the Petition for Appointment of Guardian/Co-Guardian Advocate(s) and hereby waives hearing and notice of hearing thereon, and consents to the settlement and entry of an order granting the relief requested in the Petition without notice or hearing.

Signed this _____ day of _____, 20_____.

Name _____

Address _____

Phone _____

E-mail address _____

FORM E

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PASCO COUNTY, FLORIDA
Probate Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

SECTION: _____

_____ /
A Person with a Developmental Disability,

OATH OF GUARDIAN/ (CO) GUARDIAN ADVOCATE, DESIGNATION OF
RESIDENT AGENT

(Each Guardian Advocate must sign an Oath)

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

- I will faithfully perform the duties of Guardian/Co-Guardian Advocate of the Person of _____ (The Ward), according to law and that the Petitioner hereby designates _____, who is a resident of the county where this case is filed, and whose address is _____ And whose phone number 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.
- My place of residence is _____ and post office address is _____.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

Sworn to and subscribed before me on _____(month)_____(day), 20____, by
Affiant, who is personally known to me or who produced_____as identification.

STATE OF FLORIDA
COUNTY OF PASCO

Notary Public State of Florida

My Commission Expires:_____

FORM F

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PASCO COUNTY, FLORIDA
Probate Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

SECTION: _____

Person with a Developmental Disability,
_____ /

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), the filer of a court record at the time of filing shall indicate whether any confidential information is included within the document being filed; identify the confidentiality provision that applies to the identified information; and identify the precise location of the confidential information within the document being filed.

Title/Type of Document(s):

- Petition for Appointment of Guardian/Co-Guardian Advocates of Person, Page(s) _____, Paragraph(s) _____;
- Application of _____ for Appointment as Guardian Advocate, Page(s) _____, Paragraph(s) _____;
- Application of _____ for Appointment as Co-Guardian Advocate, Page(s) _____, Paragraph(s) _____; (if there is co-Guardian)
- Confidential Individual Education Plan and Habilitation/Guardian Reports
- Credit report(s) of _____
(if more than one Guardian, list both names), Entire Report.

Indicate the applicable confidentiality provision(s) below from Rule 2.420(d) (1) (B), by specifying the location within the document on the space provided:

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

(Filer)

Note: The clerk of court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision(d)(3) of Rule 2.420.

Form G

DEPARTMENT OF CHILDREN AND FAMILIES
FLORIDA ABUSE HOTLINE INFORMATION SYSTEM BACKGROUND CHECK

Provide Original to:
Pasco County Clerk of Court

To Be Completed by the Applicant: PLEASE SIGN LEGIBLY. All information must be completed or form will be returned. I (we) hereby give consent for the Department of Children and Families to conduct a search for confirmed reports of abuse, neglect, or exploitation on record concerning me.

Type of Guardian (check one): Family/Non Professional

X _____ (_____) _____
Applicant's Signature Date Current Phone Number

Email Address: _____

Ward

Name Date of Birth Social Security # Case number relationship to ward

Guardian

Please print Last Name First Full Middle Maiden/Prior Last Name
Applicant: 1. _____ / _____

_____ _____ _____ _____
Race Sex Date of Birth Social Security Number
Other known names: _____ None

Applicant: 2. Last Name First Full Middle Maiden/Prior Last Names
_____ / _____

_____ _____ _____ _____
Race Sex Date of Birth Social Security Number
Other known names: _____ None

List all residences within the state of Florida from 1978 until present. In the event of multiple occupancy within one county, list address of longest occupancy. Attach sheet for additional addresses if necessary.

Applicant's Present Address Street City Zip County Dates of Residence

Applicant's Previous Address Street City Zip County Dates of Residence

We agree to keep confidential all information received as a result of background checks conducted, as required by Florida Statutes. We understand that law prohibits release of this information to unauthorized persons.

FORM H

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PASCO COUNTY, FLORIDA
Probate Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

SECTION: _____

A Person with a Developmental Disability,
_____ /

NOTICE OF FILING

PLEASE TAKE NOTICE that the Proposed Guardian/Co-Guardian Advocate,

_____, hereby gives notice of filing the following

documents:

Title/Type of Document(s): (choose which ones apply)

- Death certificate of Ward's parent
- Confidential Psychological Report/Doctor Report/IEP
- Receipt of providing fingerprints for Background Check
- Other (describe): _____

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

(Guardian/Co-Guardian Advocate)

FORM I

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PASCO COUNTY, FLORIDA
Probate Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

SECTION: _____

A Person with a Developmental Disability,

_____ /

Fingerprint Receipt

Petitioner Name: _____

[ATTACH FINGERPRINT RECEIPT HERE]

FORM J

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PASCO COUNTY, FLORIDA
Probate Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

A Person with a Developmental Disability,
_____ /

SECTION:

**MANDATORY CHECKLIST FOR NONPROFESSIONAL
GUARDIANSHIP APPLICATIONS**

The form must be submitted with every Application for Appointment for all nonprofessional guardians.
Please make sure to "X" or "check" the appropriate boxes.

Guardianship of _____ Reference # _____

Name of Guardian Applicant _____

Any other name used by Applicant _____

Address of Applicant _____
Street Address City State Zip Code

Guardian Applicant Relationship to Ward _____

INITIAL APPLICATIONS FOR NONPROFESSIONAL GUARDIANS

- 1. Mandatory Checklist
- 2. Application for Appointment Completed and Filed
- 3. Department of Children and Families Release Form Completed and Filed
- 4. Investigation fee to Clerk of the Court. N/A Paid

RENEWAL APPLICANTS FOR NONPROFESSIONAL GUARDIANS

- 1. Mandatory Checklist
- 2. Application for Appointment Completed and Filed
- 3. Investigation fee to Clerk of the Court N/A Waived by Court Order
- 4. Department of Children and Families Release Form Completed and Filed
- 5. Certificate for Education Requirement (Copy only see FL. Prob. R. 5. 625) Completed and Filed Waived by Court Order

I hereby give my consent for a background check in accordance with Florida Statutes, Chapter 744 to include, but may not be limited to, a check of credit, FDLE, FBI, employment, and Department of Children and Families background.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.

Guardian Applicant Signature

Date

FORM K

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PASCO COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

A Person with a Developmental Disability,

SECTION: _____

_____ /

DESIGNATION OF PRIMARY AND SECONDARY EMAIL ADDRESSES

Please take notice that, pursuant to the Florida Rule of Judicial Administration 2.516, the undersigned, as counsel for the proposed Guardian Advocate, hereby designates the following email addresses for service in this case. All future correspondence and pleadings should be emailed to the following addresses:

Primary Email: _____

Second Email: _____

Signature: _____

Name: _____

Address: _____

Telephone No: _____

IN THE CIRCUIT COURT FOR PASCO COUNTY, FLORIDA
PROBATE DIVISION

IN RE: Guardian Advocacy of

Case no:

_____ /

LETTERS OF GUARDIAN ADVOCACY

TO ALL WHOM IT MAY CONCERN:

Whereas, _____ has been appointed guardian advocate of the () person, () property, () both person and property of the above name ward, and has taken the prescribed oath and performed all other acts prerequisite to issuance of Letters of Guardian Advocacy of the Ward,

NOW THEREFORE, I, the undersigned circuit judge, declare _____, duly qualified under the laws of the State of Florida to act as guardian advocate of the () person, () property, () both person and property of the above named ward, with full power to exercise the following delegable legal rights and power of the ward:

- () to personally apply for government benefits
- () to contract
- () to sue and defend lawsuits
- () to determine residency
- () to consent to medical treatment
- () to make decisions about social environment or other social aspects of life
- () to marry
- () to vote
- () to travel
- () to have a driver's license
- () to seek or retain employment

IN RE: Guardian Advocacy of

Case no:

The guardian advocate shall not exercise any authority of any health care surrogate appointed by any valid advance directive executed by the ward pursuant to Chapter 765, Florida Statutes, until further order of this Court.

DONE AND ORDERED this _____, 20__.

Circuit Judge

IN THE CIRCUIT COURT FOR PASCO COUNTY FLORIDA

PROBATE DIVISION

IN RE: Guardian Advocacy of:

Case No:

_____ /

ORDER APPOINTING GUARDIAN ADVOCATE/S OF THE PERSON / PROPERTY

On the petition of _____, for the appointment of a guardian advocate of the () person, () property, () both person and property, of the above ward and the Court finding the ward lacks the capacity to make informed decisions in certain areas, specifically in the areas concerning the following rights:

- () to personally apply for government benefits
- () to contract
- () to sue and defend lawsuits
- () to manage property or to make any gift or disposition of property
- () to determine residency
- () to make decisions about the social environment or other social aspects of life
- () to marry
- () to vote
- () to travel
- () to have a driver's license
- () to seek or retain employment

and that it is necessary for a Guardian Advocate of the () person, () property, () both person and property to be appointed, it is:

ORDERED AND ADJUDGED as follows:

1. _____ is/are qualified to serve and is hereby appointed as Guardian Advocate of the () person, () property, () person and property for the above ward.

2. The following rights shall be removed from the above ward:

- to personally apply for government benefits
- to contract
- to sue and defend lawsuits
- to manage property or to make any gift or disposition of property
- to determine residency
- to make decisions about social environment or other social aspects of life
- to marry
- to vote
- to travel
- to have a driver's license
- to seek or retain employment

3. Upon taking the prescribed oath, filing designation of resident agent and acceptance, and entering into a bond in the amount of \$ _____ payable to the Governor of the State of Florida and to his successors in office, conditioned on the faithful performance of all duties by the Guardian Advocate, Letters of Guardian Advocacy shall be issued.

ORDERED on _____ day of _____, 20_____.

Circuit Judge