Guardian Advocacy Forms

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FORM A

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PINELLAS COUNTY, FLORIDA
Guardianship Division

IN RE: GUARDIAN ADVOCACY OF **CASE NO.:** _____

_____

Alleged Person with Developmental Disability,

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

Petitioner(s), allege:

1. Petitioner _____'s
First Name Middle Name Last Name

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 _____'s
First Name Middle Name Last Name

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 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.

13. After the Petition is filed, the Petitioner(s) will follow the instructions for a criminal background check using the code ORI#FL052104Z to order a copy of the results of the background check to be delivered to the Clerk of the 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.

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 FOR PINELLAS COUNTY, FLORIDA
Guardianship Division

IN RE: GUARDIAN ADVOCACY OF **Case No.**_____

_____

Alleged Person with a Developmental Disability

_____/

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 aguardian.

    _____

    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 morepages):

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, the filing and summons fees are waived; other costs and fees are not waived.

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
Social Security benefits
For you .....Yes $ _____No
For child(ren) .....Yes $ _____No
Unemployment compensation .....Yes $ _____No
Union payments .....Yes $ _____No
Retirement/pensions .....Yes $ _____No
Trusts.....Yes $ _____No

Veterans' benefits ..... Yes $ _____No
Workers compensation ..... Yes $ _____No
Income from absent family members ..... Yes $ _____No
Stocks/bonds ..... Yes $ _____No
Rental income..... Yes $ _____No
Dividends or interest..... Yes $ _____No
Other kinds of income not on the list ..... Yes $ _____No
Gifts ..... Yes $ _____No

I understand that I will be required to make payments for 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
Bank account(s) .....Yes $_____No
Certificates of deposit or
Money market accounts .....Yes $_____No
Boats* .....Yes $_____No

Savings account.....Yes $_____No
Stocks/bonds.....Yes $_____No
Homestead Real Property* .....Yes $_____No
Motor Vehicle*.....Yes $_____No
Non-homestead real property/real estate* .....Yes $_____No
Other assets* Yes $_____No

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 $_____, Boat $_____, Non-homestead 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 on _____, 20____.

_____
Signature of Applicant for Indigent Status

_____ _____
Year of Birth Last 4 digits of Driver License or ID Number

Print Full Legal Name _____

Email address: _____

Phone Number/s: _____

_____
Address: Street, City, State, Zip Code

This form was completed with the assistance of: _____
Clerk/Deputy Clerk/Other authorized person.

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be ( ) Indigent ( ) Not Indigent, according to s. 57.082, F.S. Dated on __, 20 .

Clerk of the Circuit Court
By _____, Deputy Clerk

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW.
Sign here if you want the judge to review the clerk's decision _____

FORM D

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PINELLAS COUNTY, FLORIDA
Guardianship Division

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

_____

Alleged Person with a Developmental Disability,

_____/

WAIVER AND CONSENT TO APPOINTMENT OF GUARDIAN ADVOCATE

(To be completed by family listed below, NOT the Petitioner)

The undersigned, whose complete name is:_____, 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 PINELLAS COUNTY, FLORIDA
Probate Division

IN RE: GUARDIAN ADVOCACY OF **Case No.**_____

_____

Alleged 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:

1. I will faithfully perform the duties of Guardian/Co-Guardian Advocate of the Person and/or Property 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.

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

Signature_____
Name_____
Address_____
Phone_____
E-mail address _____

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____ by _____(name of person making statement). by Affiant, who is personally known to me or who produced

_____
as identification.

_____
Signature of Notary Public – State of Florida

_____
Name of Notary, Typed, Printed or Stamped

My Commission Expires:_____

FORM F

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

IN RE: GUARDIAN ADVOCACY OF **CASE NO.**_____

SEC. _____

_____

Alleged 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

( ) Other_____

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 _____

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

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
FOR PINELLAS 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 H

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

IN RE: GUARDIAN ADVOCACY OF

_____
A Person with a Developmental Disability,

_____/

CASE NO.: _____

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: _____