

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR LAKE COUNTY, FLORIDA

PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF _____,

CASE NO. _____

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

(FORM C)

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: _____.

This person's native language is: _____.

The residence of the person with a developmental disability is: _____
_____.

The person with a developmental disability resides in _____ County.

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

The Petitioner believes appointment of 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 meet the essential requirements for his or her physical health or safety are:

And the specific legal disabilities are: _____

5. If the proposed Guardian Advocate is different from the Petitioner, the name, 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 Successor Guardian Advocate in the event of their untimely death or incapacity.

WHEREFORE

Petitioner requests _____ be appointed as Guardian Advocate of the Person with a developmental disability and that _____ be appointed as Successor Guardian Advocate of the Person with a developmental disability (if applicable). Petitioner states that he/she is a resident of Lake County and is sui juris and that proposed Guardian Advocate and proposed

Successor Guardian Advocate (if applicable) is 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