



Kelvin Soto, Esq.  
Clerk of the Circuit Court & County Comptroller  
Osceola County, Florida

## **GUARDIAN ADVOCATE INFORMATION**

For Persons with a Developmental Disability

**Probate/Guardianship Division (407) 742-3506**

### **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 Chapter 744, the person with a developmental disability must have a disorder or syndrome that is attributable to a developmental disability such as cerebral palsy, autism, spina bifida, 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/or 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 proceeding, the Court will appoint an attorney for the person with a developmental disability to ensure his/her, best interests are 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 on the part of the guardian. 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. These property rights include, but are not limited to a pending lawsuit, estate matter, or other income or property right coming to the person with a developmental disability. The Court can expand the description of property rights by Petition and Order.

### **Background Check Requirements:**

Florida Statute Section 744.3135 requires non-professional Guardian Advocates to submit, at their own expense, to a level 2 background screening. This requirement may be waived on a case-by-case basis by filing a Motion requesting an Order to be entered by the Judge waiving this requirement. The background screening requires the proposed Guardian Advocate to submit to a Livescan screening. Livescan screenings are performed at any of local law enforcement agency. **Please see “Background Checks” in this packet for location(s) and information.**

### **Court Appointed Attorney on behalf of the person with a developmental disability:**

All person(s) with a developmental disability will be appointed an attorney.

Payment for such services will need to be discussed with the court appointed attorney.

## **The Step-by-Step Process of Becoming a Guardian Advocate:**

### **Complete Necessary Paperwork: Petitioner is (you) and the Ward is (the person you are wanting to become Guardian Advocate of.**

1. Petition for Appointment of Guardian/Co-Guardian Advocate of the Person. You will need to attach to your petition a letter/report from the Ward's physician stating the diagnosis prior to the age of 8 years of age.
2. Application for Appointment as Guardian Advocate. If applying as Co-Guardians, each petitioner will need to complete an application.
3. Oath of Guardian Advocate, Designation of Resident Agent & Acceptance. If applying as Co-Guardians, each petitioner will need to complete an oath.
4. Disqualification and Conflict of Interest Disclosure Form. If applying a Co-Guardian Advocate, one will need to be completed by each petitioner.
5. Standby Guardian's Joinder in Petition. Though not required, if you would like to have someone designated as a Standby Guardian in the event you are not able to fulfill your duties, please have the designated person complete this form.
6. Application for Appointment as Standby Guardian Advocate. If you have designated someone to serve as a Standby Guardian, they will need to also complete this form.

7. Order Appointing Guardian Advocate (Co-Guardian Advocates) of the Person Only. Please fill fill out all areas of the order except for the signature date and the judges signature area.
8. Letters of Guardian Advocate (Co-Guardian Advocates) of the Person Only. Please fill out all areas of the order except for the signature date and the judges signature area.
9. Order Appointing Standby Guardian Advocate of the Person. If asking the Court to appoint a Standby Guardian, please complete all areas of the order except for the signature date and the judges signature area.
11. Application for Insolvency. Please fill out application using Ward's income.

**Upon filing the Petition for Appointment of a Guardian Advocate(s):**

The Court will appoint an attorney to represent the person with a developmental disability and will set a hearing within 30-45 days of filing of the petition.

**Hearing:**

The person with a developmental disability has the right to be present at the hearing if able. At the hearing, the judge will review all documents filed, listen to testimony of parties involved, and will make his decision as to whether to appoint a Guardian Advocate.

**Appointment of a Guardian Advocate:**

If the Judge decides the person with a developmental disability needs a Guardian Advocate, the Judge will enter an Order Appointing a Guardian Advocate and issue Letters of Guardian Advocate of the Person. The Order will contain the powers, duties, and responsibilities of the Guardian Advocate. **The person with a developmental disability retains all legal rights except those which the Court gives to the Guardian Advocate.**

**Requirements for Guardian Advocates after Court Appointment:**

**Education Requirement**

Florida Statutes 393.12(10) and 744.3134 require 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. The Court may, in its discretion, waive the educational requirement based on experience and education of guardian, duties assigned to guardian, and the needs of the person with a developmental disability. Each person appointed as a Guardian Advocate must complete a minimum of 4 **hours** of instruction and training. If this is waived by the Court, the judge will enter an Order Exempting Guardian Advocate from Education Requirements.

**SENIORS FIRST**  
**5395 L.B. MCLEOD RD, ORLANDO, FL 32811**  
**PHONE: (407) 723-1375**  
**guardianshipclass@seniorsfirstinc.org**

**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, fines, discharge of guardianship, or other actions may be taken against the Guardian Advocate.

**Required Plans: (Forms can be found at [www.osceolaclerk.com](http://www.osceolaclerk.com))**

**Initial Plan:**

Must be filed **within 60 days** of appointment as Guardian Advocate

Must include the following:

- Statement of medical, mental, or personal care services for the welfare of the ward
- Statement of social and personal services for the welfare of the ward
- The address and kind of residential setting that is best suited for the needs of the ward
- The application 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; and
- A physician's report by a doctor explaining any physical and mental examinations that were necessary to determine the ward's medical and mental health treatment needs.

**Annual Plan:**

Must be filed **within 90 days** from the anniversary date of appointment as Guardian Advocate

Report must include:

**Information concerning the residence of the ward, including:**

- The ward's address at the time of filing the plan.
- The name and address of each place where the ward was maintained during the preceding year.
- The length of stay of the ward at each place.
- A statement of whether the current residential setting is best suited for the current needs of the ward.
- Plans for ensuring during the coming year that the ward is in the best residential setting to meet his or her needs.
- Information concerning the medical and mental health conditions and treatment and rehabilitation needs of the ward, including:
- A report of any professional medical treatment given to the ward during the preceding year.
- A report of a physician who has examined the ward within the last 90 days before the reporting period. The report must contain an evaluation of the ward's condition and a statement of the current level of capacity of the ward.
- The plan for providing the ward with medical, mental health, and rehabilitative services in the coming year.

**Information concerning the social condition of the ward, including:**

- The social and personal services currently used by the ward.
- The social skills of the ward, including a statement of how well the ward communicates and maintains interpersonal relationships.
- The social needs of the ward.
- The plan for social events for the in coming year.

**Each plan must address the issue of restoration of rights to the ward and Include.**

- A summary of activities during the preceding year that were designed to enhance the capacity of the ward.
- A statement of whether the ward can have any rights restored.
- A statement of whether restoration of any rights will be sought.
- A statement of whether there are or are not any pre-existing orders not to resuscitate or pre-existing directives.

**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 that 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 but is not limited to 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 accessed, then the petitioner may state a good faith basis for suggestion of restoration. The Court shall then immediately set a hearing.



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Osceola County, Florida

### **BACKGROUND CHECKS**

Customers needing background checks may have a level 2 check background performed at the locations listed below, or may visit the Florida Department of Law Enforcement website for a list of other agencies that also provide this service:

**Florida Department of Law Enforcement Website:** <http://www.fdle.state.fl.us/Criminal-History-Records/Obtaining-Criminal-History-Information.aspx>

#### **Kissimmee Police Department:**

The Kissimmee Police Department offers fingerprinting services by appointment only. Appointments are scheduled Wednesday through Friday from 9:00 a.m. to 11:00 a.m. and from 2:00 p.m. to 4:00 p.m. at 8 North Stewart Avenue, Kissimmee, FL 34741. Please call (407) 847-0176 to schedule. When attending your appointment, you must have a valid photo ID and Osceola County's ORI number FL049054Z.

#### **St. Cloud Police Department:**

The St. Cloud Police Department offers fingerprinting services by appointment only. Please visit their website for appointment times <https://www.stcloud.org/698/Fingerprinting>. You must bring with you a valid photo ID and Osceola County's ORI number FL049054Z. They are located at 923 New York Ave, St. Cloud, FL 34769.

#### **Osceola County Sheriff's Department:**

The Osceola County Sheriff's Department offers fingerprinting services by appointment only. Please visit their website for appointment times <https://www.osceolasheriff.org/services/fingerprinting-services>. You must bring with you a valid photo ID and Osceola County's ORI number FL049054Z. They are located at 2601 E. Irlo Bronson Memorial Highway, Kissimmee, FL 34744.

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**

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 up to 1 year in jail or up to \$1,000 in fines, as provided in s.775.082, F.S. or s. 775.083, F.S. **I attest that the information 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

**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. (Do not include children not living at home and do not include a working spouse or yourself.)
- 2. My take home pay is \$\_\_\_\_\_ paid  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_\_\_\_.  
Include cash payments. Include only your "net" pay. Your take home pay (net income) is your total salary and wages minus deductions required by law, including court-ordered support payments.
- 3. I have other income paid  weekly  every two weeks  semi-monthly  monthly  yearly  other \_\_\_\_\_.  
(Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No")

Social Security benefits..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	Workers Compensation..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No
Unemployment compensation..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	Regular support from
Union payments..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	absent family members..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No
Retirement/pensions..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	Rental income..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No
Trusts..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	Dividends or interest..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No
Veterans' benefits..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	Other income not on the list..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> 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: (Check "yes" and fill in the value of the property, otherwise check "No")
- |  |  |
|--|--|
| Cash..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No                           | Bank/Savings account..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No       |
| Car/Motor vehicle*..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No             | Stocks/bonds/cert. of deposit <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No   |
| Money market accounts..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No          | Homestead real estate..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No      |
| Boats/other tangible property*..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No | Non-homestead real estate*..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No |
| *show loans on these assets in paragraph 5   | Other assets*..... <input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No              |

Check one:  DO  DO NOT expect to receive more assets in the near future. The asset and value is \_\_\_\_\_

- 5. I have total liabilities and debts in the amount of \$\_\_\_\_\_. I have loan balances on assets in paragraph 4:  
Car/Motor Vehicle \$\_\_\_\_\_ ; Homestead \$\_\_\_\_\_ ; Non-homestead real estate \$\_\_\_\_\_ ; Boat \$\_\_\_\_\_ ;  
Other tangible property (identify here) \_\_\_\_\_ and loan balance \$\_\_\_\_\_

**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

\_\_\_\_\_

IN THE CIRCUIT COURT OF  
THE NINTH JUDICIAL CIRCUIT,  
OSCEOLA COUNTY, FLORIDA

PROBATE DIVISION

Case No.: \_\_\_\_\_.

IN RE: GUARDIAN ADVOCACY OF

\_\_\_\_\_,  
Respondent's Name  
Person with Developmental Disability

**PETITION FOR APPOINTMENT OF GUARDIAN/CO-GUARDIAN  
ADVOCATE OF THE PERSON**

Petitioner, \_\_\_\_\_, alleges the following:

1. Petitioner's residence is \_\_\_\_\_,  
\_\_\_\_\_, County of \_\_\_\_\_ and  
Petitioner's mailing address, if different, is: \_\_\_\_\_  
\_\_\_\_\_.
2. Petitioner's Age \_\_\_\_\_ and Date of Birth \_\_\_\_\_.
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 names and addresses of the next of kin of the respondent are:

Name	Address	Relationship

6. The proposed Guardian Advocate \_\_\_\_\_, whose resident address is \_\_\_\_\_ and whose post office address is \_\_\_\_\_, is over the age of 18 and otherwise qualified under the laws of the State of Florida to act as guardian advocate of the person of respondent. The proposed guardian is \_\_\_ or \_\_\_ is not a professional guardian.

The 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. *(If a Co-Guardian Advocate sought, complete this paragraph.)* Petitioner requests that \_\_\_\_\_ be appointed co-guardian advocate of the person of respondent. The proposed co-guardian advocate who is \_\_\_\_\_ years of age, whose residence is \_\_\_\_\_ whose post office address is \_\_\_\_\_

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

The relationship and previous association of the proposed co-guardian advocate to the respondent is \_\_\_\_\_. The proposed co-guardian advocate should be appointed because: \_\_\_\_\_

8. Petitioner requests the appointment of a Standby Guardian Advocate in the event of their untimely death or incapacity.
9. There \_\_\_ are or \_\_\_ are not alternatives to the appointment of a guardian, such as trust agreements, powers of attorney, designation of health care surrogate, or other advance directive, known to petitioner that would sufficiently address the problems of the respondent in whole or in part. Thus, it is necessary that a guardian advocate be appointed to exercise some but not all of the rights of respondent.

**WHEREFORE:**

Petitioner requests \_\_\_\_\_ be appointed as Guardian Advocate of the Person, and that \_\_\_\_\_ be appointed as Standby Guardian Advocate of the person. Petitioner states that he/she is a resident of Osceola 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  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,  
IN AND FOR OSCEOLA COUNTY, FLORIDA**

PROBATE DIVISION  
CASE NO:

IN RE: GUARDIAN ADVOCACY OF

\_\_\_\_\_

**APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE**  
(FORM A)

Pursuant to Section 393.12 of the Florida Guardian Advocate Law, 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: \_\_\_\_\_  
\_\_\_\_\_
5. U.S. Citizen? Yes \_\_\_\_\_, No \_\_\_\_\_
6. Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Position: \_\_\_\_\_

7. Home Telephone Number: \_\_\_\_\_  
Work Telephone Number: \_\_\_\_\_

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 applicant have any physical disabilities? 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 applicant ever been treated for the following:

- 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 applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Has 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? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date and complete details:

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14. Has applicant ever been charged with, arrested for or convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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15. Has applicant ever been charged with, arrested for or convicted of any other crimes? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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16. Has applicant ever held a position which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe position, date, and amount of bond and name of surety:

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17. Has applicant, in the past, ever served as guardian/guardian advocate of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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18. Has applicant ever been held in contempt of court or removed as a guardian/guardian advocate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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19. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state date and location of court:

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

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21. Is 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? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details below:

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22. Is 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? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details below:

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23. Is applicant a health care provider for the person with a developmental disability?  
Yes \_\_\_\_\_ No \_\_\_\_\_

24. Educational history of applicant:

Name and Address

Degree

Date

High school:

College:

Other:

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

<u>Name and address</u>	<u>Date</u>	<u>Reason for leaving</u>
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26. Has applicant ever been discharged from employment by any employer listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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27. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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28. Has 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? 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

**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT  
IN AND FOR OSCEOLA COUNTY, FLORIDA**

PROBATE DIVISION  
CASE NO:

IN RE: THE GUARDIAN ADVOCATE OF

\_\_\_\_\_

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

FORM F

STATE OF FLORIDA  
COUNTY OF OSCEOLA

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 \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_, 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

In the Circuit Court of the  
Ninth Judicial Circuit, in and  
for Osceola County, Florida

Probate Division  
Case No. \_\_\_\_\_

In Re: Guardianship of

\_\_\_\_\_  
Respondent's Name

\_\_\_\_\_  
Petitioner's Name

**DISQUALIFICATION AND CONFLICT OF INTEREST DISCLOSURE FORM**

Petitioner, \_\_\_\_\_, files this disclosure form to inform any conflict of interest or disqualification related to those named and described on §744.309 and §744.309, Florida Statutes, and alleges that:

1. The petitioner \_\_\_\_\_, is \_\_\_\_\_ years of age, whose residential address is \_\_\_\_\_ and mail address is \_\_\_\_\_. The relationship of the petitioner to the respondent is \_\_\_\_\_.

2. The petitioner answers the following questions to the best of his knowledge and understanding.

	<i>Yes</i>	<i>No</i>
Have you been convicted of a felony?		
Do you suffer from any incapacity or illness?		
If you answer was <u>yes</u> , please disclose and explain.:		
_____		
_____		
_____		
_____		

<hr/> <hr/> <hr/>		
Has it been judicially determined that you had committed abuse, abandonment, or neglect against a child?		
Have you had been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under § 435.04?		
Do you provide substantial services to the proposed ward in a professional business capacity, or are you a creditor of the proposed ward?		
Are you an employee of any person, agency, government, or corporation that provides service to the proposed ward in a professional or business capacity?		
If you answer was <u>yes</u> , please disclose and explain.: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Do you consider yourself independent and impartial for the purposes to serve as guardian?		
Will you use the guardianship for you own private gain aside from the remuneration for the fees and expenses provided by law?		
Will you offer, pay, solicit, or receive a commission, benefit, bonus, rebate, or kickback, directly or indirectly, overtly or covertly, in cash or in kind, or engage in a split-fee arrangement in return for referring, soliciting, or engaging in a transaction for goods or services on behalf of an alleged incapacitated person or minor, or a ward, for past or future goods or services?		

<p>Have any interest, financial or otherwise, direct or indirect, in any business transaction or activity with the ward, the judge presiding over the case, any member of the appointed examining committee, any court employee involved in the guardianship process, or the attorney for the ward?</p>		
<p>If you answer was <u>yes</u>, please disclose and explain.:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p>Acquire an ownership, possessory, security, or other pecuniary interest adverse to the ward?</p>		
<p>If you answer was <u>yes</u>, please disclose and explain.:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p>Be designated as a beneficiary on any life insurance policy, pension, or benefit plan of the ward unless such designation was validly made by the ward before adjudication of incapacity of the ward?</p>		
<p>If you answer was <u>yes</u>, disclose and explain.:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

<hr/>		
Directly or indirectly purchase, rent, lease, or sell any property or services from or to any business entity of which the guardian or the guardian's spouse or any of the guardian's lineal descendants, or collateral kindred, is an officer, partner, director, shareholder, or proprietor, or has any financial interest?		
If you answer was <u>yes</u> , please disclose and explain.: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

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.

Respectfully Submitted, on this this \_\_\_\_ day of \_\_\_\_\_ of 2021.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,  
IN AND FOR OSCEOLA COUNTY, FLORIDA**

PROBATE DIVISION  
CASE NO:

IN RE: GUARDIAN ADVOCACY OF

\_\_\_\_\_

**STANDBY GUARDIAN'S JOINDER IN PETITION**  
(FORM C)

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.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Proposed Standby Guardian Advocate

**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,  
IN AND FOR OSCEOLA COUNTY, FLORIDA**

PROBATE DIVISION  
CASE NO:

IN RE: GUARDIAN ADVOCACY OF

\_\_\_\_\_

**APPLICATION FOR APPOINTMENT AS STANDBY GUARDIAN ADVOCATE  
(FORM B)**

Pursuant to Section 393.12 of the Florida Guardian Advocate Law, the undersigned submits this Application for Appointment as Standby 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: \_\_\_\_\_  
\_\_\_\_\_
5. U.S. Citizen? Yes \_\_\_\_\_, No \_\_\_\_\_
6. Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
Applicant's Position: \_\_\_\_\_
7. Home Telephone Number: \_\_\_\_\_  
Work Telephone Number: \_\_\_\_\_
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:  
\_\_\_\_\_  
\_\_\_\_\_

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9. Does applicant have any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian advocate:

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10. Has applicant ever been treated for the following:

- a. Mental Condition Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Alcohol Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Drugs Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Other Yes \_\_\_\_\_ No \_\_\_\_\_

Nature of condition and summary of treatment:

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11. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Has 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? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date and complete details:

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14. Has applicant ever been charged with, arrested for or convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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15. Has applicant ever been charged with, arrested for or convicted of any

other crimes? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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16. Has applicant ever held a position which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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17. Has applicant, in the past, ever served as guardian/guardian advocate of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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18. Has applicant ever been held in contempt of court or removed as a guardian/guardian advocate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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19. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please state date and location of court:

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

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21. Is 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? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please furnish details below:

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22. Is 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? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please furnish details below:

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23. Is applicant a health care provider for the person with a developmental disability?  
Yes \_\_\_\_\_ No \_\_\_\_\_

24. Educational history of applicant:

Name and Address

Degree

Date

High school:

College:

Other:

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

<u>Name and address</u>	<u>Date</u>	<u>Reason for leaving</u>
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26. Has applicant ever been discharged from employment by any employer listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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27. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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28. Has 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? 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

**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT, IN AND FOR OSCEOLA  
COUNTY, FLORIDA**

**PROBATE DIVISION  
CASE NO:**

**IN RE: GUARDIANSHIP ADVOCACY OF**

**RESPONDENT'S NAME/PERSON WITH  
DEVELOPMENTAL DISABILITY**

**ORDER APPOINTING GUARDIAN (CO-GUARDIAN) ADVOCATE OF THE PERSON**

Upon consideration of the petition for the appointment of guardian advocate of the person, the court finds that \_\_\_\_\_ has a developmental disability of a nature that requires the appointment of guardian advocate of the person based upon the following findings of act and conclusions of law:

1. The nature and scope of the person's lack of decision-making ability are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. 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/her health and safety are specified in number 4.
3. The specific legal disabilities to which the person with a developmental disability is subject to are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The powers and duties delegated to the guardian advocate are:  
 a. to apply for government benefits;  
 b to determine residency;  
 c to consent to medical and mental health treatment  
 d to make decisions about social environment/social aspects of life;  
 e to make decisions regarding education
5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced directive, know to petitioner that would sufficiently address the problems of the respondent in whole or in party. Thus, it is necessary that a guardian advocate be appointed to exercise some but not all of the rights of respondent.
6. Without first obtaining specific authority from the court, as stated in section 744.3725, Florida Statutes, the guardian advocate may not 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.

ORDERED AND ADJUDGED:

1. \_\_\_\_\_ is qualified to serve as guardian advocate and is hereby appointed as guardian advocate of the person of \_\_\_\_\_.
2. The guardian advocate 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 specifically delegated to the guardian advocate.

ORDERED this \_\_\_\_\_

\_\_\_\_\_  
Judge

IN RE: THE GUARDIAN ADVOCATE OF

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

Case No.: \_\_\_\_\_

\_\_\_\_\_  
Respondent's Name  
Person with Developmental Disability

**LETTERS OF GUARDIAN ADVOCATE (CO-GUARDIAN ADVOCATES)  
OF THE PERSON ONLY**

FORM I

TO ALL WHOM IT MAY CONCERN:

WHEREAS, \_\_\_\_\_  
\_\_\_\_\_ have (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; and

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

\_\_\_\_\_  
\_\_\_\_\_ is (are) 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 apply for government benefits.

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 make decisions regarding education.

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

**These Letters are initially valid for fifteen (15) months from the date of issue. After that, per sec. 744.369(8), Fla. Stat., these Letters are ONLY current and valid when accompanied by a certified copy of an Order Approving Annual Plan that has been signed and dated by a judge within the last twelve (12) months.**

**DONE AND ORDERED** in chambers at Kissimmee, Osceola County, Florida this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Circuit Judge

**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT  
IN AND FOR OSCEOLA COUNTY, FLORIDA**

PROBATE DIVISION  
CASE NO:

IN RE: THE GUARDIAN ADVOCATE OF

\_\_\_\_\_

**ORDER APPOINTING STANDBY GUARDIAN ADVOCATE OF THE PERSON ONLY**  
FORM N

Upon consideration of the Petition for the Appointment of Guardian Advocate(s) of the Person, the Court finds that \_\_\_\_\_ is appointed at 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 AND 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 Advocates 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 Advocate 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 Kissimmee, Osceola County, Florida, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Circuit Court Judge

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR OSCEOLA  
COUNTY, FLORIDA

PROBATE DIVISION

CASE NO. \_\_\_\_\_

IN RE: THE GUARDIAN ADVOCACY OF

**PETITION FOR EXEMPTION OF GUARDIAN (CO-GUARDIAN) ADOCATES FROM  
BACKGROUND INVESTIGATION /CREDIT HISTORY REQUIREMENTS**

Petitioner(s), \_\_\_\_\_

\_\_\_\_\_, files  
this Petition for Exemption of Guardian/Co-Guardian Advocates from Background Investigation/Credit  
History Requirements and in support hereof, alleges:

1. Section 744.3135, Florida Statutes, provides the Court may require a non-professional guardian to undergo an investigation of the guardian's credit history and to undergo a level 2 background screening as required under section 435.04, Florida Statutes.
2. Petitioner(s) have filed a Petition for Appointment as Guardian/Co-Guardian Advocates of the person of \_\_\_\_\_ (the person with a developmental disability) with this Court.
3. The Ward is a person with developmental disabilities and due to the nature of the Guardian/Co-Guardian Advocate's duties or the Ward's needs, the background investigation requirements under section 744.3135, Florida Statutes, are not necessary for the following reasons:
  - a. Petitioner(s) are the Ward's parents and have cared for and raised the Ward since birth.
  - b. The Ward has resided and will continue to reside with Petitioner(s.)
  - c. The Petitioner(s) have committed to and, by filing to become the Ward's Guardian Advocate(s), will continue to ensure the safety, security, and well-being of the ward.
  - d. The Ward has no assets making it unnecessary for a Credit History to be completed.

For these reasons Petitioner(s) requests that the Court enter an order exempting Petitioner(s) from the guardian background investigation and credit history check pursuant to section 744.3135, Florida Statutes.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR OSCEOLA  
COUNTY, FLORIDA

PROBATE DIVISION

CASE NO. \_\_\_\_\_

IN RE: THE GUARDIAN ADVOCACY OF

\_\_\_\_\_

**ORDER EXEMPTING GUARDIAN (CO-GUARDIAN) ADVOCATES FROM BACKGROUND  
INVESTIGATION/CREDIT HISTORY REQUIREMENTS**

On the petition of \_\_\_\_\_

\_\_\_\_\_

For exemption from the guardian background requirements imposed by Section 744.3135, Florida Statutes and to undergo an investigation of the guardian's credit history and to undergo a level 2 background screening as required under section 435.04, Florida Statutes. The Court, having considered the experience and history of the guardian advocate(s), the duties assigned to the guardian advocate(s) and the needs of the person with a developmental disability, finds that it is

CONSIDERED, ORDERED AND ADJUDGED:

\_\_\_\_\_

shall be exempt from such background requirements and credit history or to undergo a level 2 background screening, such exemption is limited solely to this guardian advocate proceeding.

DONE AND ORDERED in chambers at Kissimmee, Osceola County, Florida this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_

Circuit Judge