Supreme Court of Florida

No. SC2026-0558

IN RE: AMENDMENTS TO FLORIDA PROBATE RULES.

October 15, 2026

PER CURIAM.

The Florida Bar's Probate Rules Committee proposes amending Florida Probate Rules 5.696 (Guardian Accounting), 5.700 (Objection to Guardianship Reports), 5.901 (Form for Petition to Determine Incapacity), 5.902 (Form for Petition and Order of Guardian), 5.903 (Letters of Guardianship), 5.904 (Forms for Initial and Annual Guardianship Plans), 5.905 (Form for Petition; Notice; and Order for Appointment of Guardian Advocate of the Person), 5.906 (Letters of Guardian Advocacy), and 5.910 (Inventory).[1] The Committee published the proposals on the Bar's website, and the Court published the proposals for comment in *The Florida Bar*

1. We have jurisdiction. Art. V, § 2(a), Fla. Const.; *see also* Fla. R. Gen. Prac. & Jud. Admin. 2.140(b).

News. No comments were received after either publication.

After considering the Committee's proposals, we amend the Florida Probate Rules as proposed. We discuss some of the more specific amendments below.

Regarding rules 5.696 and 5.700, in *In re Amendments to Florida Rules of General Practice & Judicial Administration*, 416 So. 3d 242 (Fla. 2025), the title to Florida Rule of General Practice and Judicial Administration Rule 2.516 was changed from "Service of Pleadings and Documents" to "Service." Language in the Rule References under the Committee Notes in rules 5.696 and 5.700 is now amended to reflect the title change to rule 2.516.

Rules 5.901, 5.902, 5.903, 5.904, 5.905, 5.906, and 5.910, which contain forms, are amended to move the case style from the right-hand corner to the left-hand corner to conform to Florida Rule of General Practice and Judicial Administration 2.520(a)(4) (Documents). In addition, the certificates of service within the forms are amended to conform to the 2025 amendments to Florida Rule of General Practice and Judicial Administration 2.516(f) (Certificate of Service). *See id.*

Accordingly, we amend the Florida Probate Rules as reflected

in the appendix to this opinion. New language is underscored; deleted language is stricken. The amendments shall become effective on January 1, 2027, at 12:01 a.m.

It is so ordered.

COURIEL, C.J., and LABARGA, MUÑIZ, GROSSHANS, FRANCIS, BARRIOS, and TANENBAUM, JJ., concur.

THE FILING OF A MOTION FOR REHEARING SHALL NOT ALTER THE EFFECTIVE DATE OF THESE AMENDMENTS.

Original Proceeding – Florida Probate Rules

J. Allison Archbold, Co-Chair, Probate Rules Committee, Sarasota, Florida, Marve Ann M. Alaimo, Co-Chair, Probate Rules Committee, Naples, Florida, Michael A. Sneeringer, Past Chair, Probate Rules Committee, Bonita Springs, Florida, Joshua E. Doyle, Executive Director, The Florida Bar, Tallahassee, Florida, and Heather Savage Telfer, Staff Liaison, The Florida Bar, Tallahassee, Florida,

for Petitioner

APPENDIX

RULE 5.696. GUARDIAN ACCOUNTING

(a) [No Change]

(b) Contents. A guardian accounting ~~shall~~must include:

(1) a statement of the starting balance of assets on hand at the beginning of the accounting period which ~~shall~~must be the ending balance of the preceding accounting, or if none, the value of assets on the inventory;

(2)-(4) [No Change]

(c) Accounting Standards. The following standards are required for the accounting of all transactions occurring on or after January 1, 2017:

(1) Accountings ~~shall~~must be stated in a manner that is understandable to persons who are not familiar with practices and terminology peculiar to the administration of guardianships.

(2) The accounting ~~shall~~must begin with a concise summary of its purpose and content.

(3) The accounting ~~shall~~must contain sufficient information disclosing all significant transactions affecting administration during the accounting period.

(4) The accounting ~~shall~~must contain 2 values in the schedule of assets at the end of the accounting period, the asset acquisition value or carrying value, and estimated current value.

(5) Gains and losses incurred during the accounting period ~~shall~~must be shown separately in the same schedule.

(d) [No Change]

(e) Verification. All accountings ~~shall~~must be verified by the guardian filing the accounting.

(f) Substantiating Documents. Unless otherwise ordered by the court, the guardian need not file the documents substantiating the guardian accounting. ~~Upo~~On reasonable written request, the guardian of the property ~~shall~~must make the substantiating documents available for examination to persons entitled to receive or inspect the guardian accounting.

(g) Interim Inspection of Records. ~~Upo~~On reasonable written request and notice, the guardian of the property ~~shall~~must make all material financial records pertaining to the guardianship available for inspections to those persons entitled to receive or inspect the guardian accounting.

Committee Notes

The purpose of this substantial revision is for guardian accountings to conform to rule 5.346 and the Fiduciary Accounting Principles and Model Formats and commentaries incorporated into rule 5.346. As set forth in subdivision (b)(1), the starting balance ~~shall~~must be the ending balance of the preceding accounting, or if none, the value of assets on the inventory.

Attached, as Appendix A, is a model accounting format which is only a suggested form.

Rule History

1991 Revision – 2016 Revision [No Change]

2026 Revision: Committee notes revised.

Statutory References [No Change]

Rule References

Fla. Prob. R. 5.020 Pleadings; verification; motions.

Fla. Prob. R. 5.041 Service of pleadings and documents.

Fla. Prob. R. 5.060 Request for notices and copies of pleadings.

Fla. Prob. R. 5.346 Fiduciary Accounting.

Fla. Prob. R. 5.610 Execution by guardian.

Fla. Prob. R. 5.695 Annual guardianship report.

Fla. Prob. R. 5.700 Objection to guardianship reports.

Fla. R. Gen. Prac. & Jud. Admin. 2.516 Service ~~of pleadings and documents~~.

APPENDIX A

~~IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA~~

~~IN RE: GUARDIANSHIP OF~~

~~File Number: _____~~

_____

~~Division: _____~~

In the Circuit Court of the
_____ Judicial
Circuit,
In and for _____
County, Florida

Case No.: _____
Division: _____

In Re: Guardianship of

_____

_____ ACCOUNTING OF GUARDIAN(S)

From: _____, _____, Through: _____, ____

_____

The purpose of this accounting is to report the assets on hand at the beginning of the accounting period, all transactions that have occurred during the period covered by the accounting, and the assets that remain on hand at the end of the accounting period. It consists of a SUMMARY sheet and Schedule A showing all Receipts, Schedule B showing all Disbursements, Schedule C showing all Capital Transactions and Adjustments (the effect of which are also reflected in other schedules, if appropriate), and Schedule D showing assets on hand at the end of the accounting period.

Under penalties of perjury, the undersigned guardian(s) declare(s) that I (we) have read and examined this accounting and that the facts and figures set forth in the Summary and the attached Schedules are true, to the best of my (our) knowledge and belief, and that it is a complete report of all cash and property transactions and of all receipts and disbursements by me (us) as guardian(s) of _____, the ward, from, _ _____ through _____, _____.

Signed on _____, _____.

Attorney for Guardian:

_____

Attorney

_____

_____

(address)
Telephone: _____
E-mail address: _____
Florida Bar No.: _____

Guardian:

_____

_____
Name

_____

_____

(address)
[Print or Type Names Under All Signature Lines]

~~IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA~~

~~IN RE: GUARDIANSHIP OF~~

~~File Number: _____~~

_____

~~Division: _____~~

In the Circuit Court of the
_____ Judicial
Circuit,
In and for _____
County, Florida

Case No.: _____
Division: _____

In Re: Guardianship of

_____

_____ ACCOUNTING OF GUARDIAN(S)

From: _____, _____, Through: _____, _____

SUMMARY

		Estimated Current Value	Carrying Value
I.	Starting Balance Assets on Hand at Beginning of Accounting Period		$ _____
II.	Receipts Schedule A:		$ _____
III.	Disbursements Schedule B:		$ _____
IV.	Capital Transactions and Adjustments Schedule C: Net Gain or (Loss)		$ _____

V. Assets on Hand at Close of Accounting Period

Schedule D: Cash and Other Assets	$ _____	$ _____

NOTE: Refer to Fla. Prob. R. 5.696.

Entries on Summary are to be taken from totals on Schedules A, B, C and D.

The Summary and Schedules A, B, C and D are to constitute the full accounting. Every transaction occurring during the accounting period should be reflected on the Schedules.

All purchases and sales, all adjustments to the asset acquisition or carrying value of any asset, and any other significant transactions that affect the property (such as stock splits) should be described on Schedule C.

_____ ACCOUNTING OF GUARDIAN(S),

GUARDIANSHIP OF _____

From: _____ , _____, Through: _____,

SCHEDULE A Receipts

Date	Brief Description of Items	Amount

NOTE: Schedule A should reflect only those items received during administration during the accounting period.

Entries involving the sale of assets or other adjustments to the asset acquisition or carrying values of assets are to be shown on Schedule C, and not on Schedule A.

_____ ACCOUNTING OF GUARDIAN(S),

GUARDIANSHIP OF _____

From: _____, _____, Through: _____,

SCHEDULE B Disbursements

Date	Brief Description of Items	Amount

NOTE: Schedule B should reflect only those items paid out during the accounting period.

Entries involving the purchase of assets or adjustments to the asset acquisition or carrying values of assets are to be shown on Schedule C, and not on Schedule B.

_____ ACCOUNTING OF GUARDIAN(S),

GUARDIANSHIP OF _____

From: _____, _____, Through: _____,

SCHEDULE C Capital Transactions and Adjustments

Date	Brief Description of Transactions	Net Gain	Net Loss

TOTAL NET GAINS AND LOSSES

NET GAIN OR (LOSS)

NOTE: Schedule C should reflect all purchases and sales of assets and any adjustments to the asset acquisition or carrying values of any assets.

Entries reflecting sales should show the asset acquisition or adjusted carrying values, the costs and expenses of the sale, and the net proceeds received. The net gain or loss should be extended in the appropriate column on the right side of Schedule C.

Entries reflecting purchases should reflect the purchase price, any expenses of purchase or other adjustments to the purchase price, and the total amount paid. Presumably no gain or loss would be shown for purchases.

Entries reflecting adjustments in capital assets should explain the change (such as a stock split) and the net gain or loss should be shown in the appropriate column on the right side of Schedule C.

The NET gain or loss should be entered in the carrying value column of the Summary.

_____ ACCOUNTING OF GUARDIAN(S),

GUARDIANSHIP OF _____

From: _____, _____, Through:_____,

SCHEDULE D Assets on Hand at Close of Accounting Period

(Indicate where held and legal description, certificate numbers, or other identification.)

	Estimated Current Value	Carrying Value

ASSETS OTHER THAN CASH:

OTHER ASSETS TOTAL _____

CASH:

CASH TOTAL $ _____

TOTAL ASSETS (must agree with the Total for Item V on Summary)

NOTE: Schedule D should be a complete list of all assets on hand reflecting asset acquisition or carrying values for each item, adjusted in accordance with any appropriate entries on Schedule C, and estimated current values for each item.

Current market values for any assets that are known to be different from the asset acquisition or carrying values as of the close of the accounting period should be shown in the column marked “Estimate Current Value.” The total adjusted carrying value (not Current Value) must agree with the Total for Item V on Summary.

APPENDIX B

GUARDIAN ACCOUNTING PRINCIPLES

I. ACCOUNTS SHOULD BE STATED IN A MANNER THAT IS UNDERSTANDABLE BY PERSONS WHO ARE NOT FAMILIAR WITH PRACTICES AND TERMINOLOGY PECULIAR TO THE ADMINISTRATION OF GUARDIANSHIPS.

Commentary: In order for an account to fulfill its basic function of communication, it is essential that it be stated in a manner that recognizes that the interested parties are not usually familiar with guardian accounts. It is neither practical nor desirable to require that accounts be tailored to meet individual disabilities of particular parties but any account should be capable of being understood by a person of average intelligence, literate in English, and familiar with basic financial terms who has read it with care and attention.

Problems arising from terminology or style are usually a reflection of the fact that people who become versed in a particular form of practice tend to forget that terms which are familiar and useful to them may convey nothing to someone else or may even be affirmatively misleading. For example, the terms "debit" and "credit" are generally incomprehensible to people with no knowledge of bookkeeping and many people who are familiar with them in other contexts would assume that in the context of guardian accounting, the receipt of an item is a "credit" to the fund rather than a "debit" to the guardian.

While the need for concise presentation makes a certain amount of abbreviation both acceptable and necessary, uncommon abbreviation of matters essential to an understanding of the account should be avoided or explained.

Print-outs from electronic accounting systems or account statements can be used as attachments to the schedules in the accounting form or to clarify the accounting. The quality of the accounts produced by these systems and account statements varies widely in the extent to which they can be understood by persons who are not familiar with them.

II. A GUARDIAN ACCOUNT ~~SHALL~~MUST BEGIN WITH A CONCISE SUMMARY OF ITS PURPOSE AND CONTENT.

Commentary: Very few people can be expected to pay much attention to a document unless they have some understanding of its general purpose and its significance to them. Even with such an understanding, impressions derived from the first page or ~~two~~2 will often determine whether the rest is read. The use that is made of these pages is therefore of particular significance.

The cover page should disclose the nature and function of the account. While a complete explanation of the significance of the account and the effect of its presentation ~~up~~on the rights of the parties is obviously impractical for inclusion at this point, there should be at least a brief statement identifying the guardian and the subject matter, noting the importance of examining the account and giving an address where more information can be obtained.

A summary of the account ~~shall~~must also be presented at the outset. This summary, organized as a table of contents, ~~shall~~must indicate the order of the details presented in the account and ~~shall~~must show separate totals for the aggregate of the assets on hand at the beginning of the accounting period; transactions during the period; and the assets remaining on hand at the end of the period. Each entry in the summary ~~shall~~must be supported by a schedule in the account that provides the details on which the summary is based.

III. A GUARDIAN ACCOUNT ~~SHALL~~MUST CONTAIN SUFFICIENT INFORMATION TO PUT THE INTERESTED PARTIES ON NOTICE AS TO ALL SIGNIFICANT TRANSACTIONS AFFECTING ADMINISTRATION DURING THE ACCOUNTING PERIOD.

Commentary: The presentation of the information account ~~shall~~must allow an interested party to follow the progress of the guardian's administration of assets during the accounting period.

An account is not complete if it does not itemize, or make reference to, assets on hand at the beginning of the accounting period.

Illustration:

3.1 The first account for a guardianship may detail the items received by the guardian and for which the guardian is responsible. It must begin with the total amount on the inventory.

Transactions ~~shall~~must be described in sufficient detail to give the court and interested parties notice of their purpose and effect. It should be recognized that too much detail may be counterproductive to making the account understandable. In accounts dealing with extensive assets, it is usually desirable to consolidate information with attachments that show detail. For instance, where income from a number of securities is being accounted for, a statement of the total dividends received on each security with appropriate indication of changes in the number of shares held will be more readily understandable and easier to check for completeness than a chronological listing of all dividends received.

Illustrations:

3.2 Extraordinary appraisal costs should be shown separately and explained.

3.3 Interest and penalties in connection with late filing of tax returns should be shown separately and explained.

3.4 Receipts and disbursements ~~shall~~must be shown on separate schedules in chronological order. The separate schedules may include totals by account, with separate ledgers for each account, such as securities or financial accounts.

3.5 Changes in asset values due to market fluctuations are not transactions and ~~shall~~must not be reflected as a loss or gain, but the estimated current value and carrying value ~~shall~~must be shown on the schedule listing assets held at the end of the accounting period.

IV. A GUARDIAN ACCOUNT ~~SHALL~~MUST CONTAIN ~~TWO~~2 VALUES, THE ASSET ACQUISITION VALUE OR CARRYING VALUE, AND CURRENT VALUE.

Commentary: In order for transactions to be reported on a consistent basis, an appropriate carrying value for assets must be chosen and employed consistently.

The carrying value of an asset should reflect its value at the time it is acquired by the guardian. When such a value is not precisely determinable, the figure used should reflect a thoughtful decision by the guardian. Assets received in kind should be carried at their value at the time of receipt. For assets purchased during the administration of the guardianship, acquisition cost would normally be used. Use of Federal income tax basis for carrying value is acceptable when basis is reasonably representative of real values at the time of acquisition.

In the Model Account, carrying value is referred to as “guardian acquisition value.” The Model Account establishes the initial carrying value of assets as their value at inception of the guardianship for inventoried assets, date of receipt for subsequent receipts, and cost for investments.

Carrying value would not normally be adjusted for depreciation.

Except for adjustments that occur normally under the accounting system in use, carrying values should generally be continued unchanged through successive accounts and assets should not be arbitrarily “written up” or “written down.” In some circumstances, however, with proper disclosure and explanation, carrying value may be adjusted.

Illustrations:

4.1 Assets received in kind in satisfaction of a pecuniary legacy should be carried at the value used for purposes of distribution.

Illustrations:

4.2 When an asset is held under circumstances that make it clear that it will not be sold (e.g., a residence used by the ward) the guardian's estimate of value would be acceptable in ~~lieu~~place of an appraisal.

4.3 Considerations such as a pending tax audit or offer of the property for sale may indicate the advisability of not publishing the guardian's estimate of value. In such circumstances, a statement that value was fixed by some method such as "per company books," "formula under buy-sell agreement," or "300% of assessed value" would be acceptable, but the guardian would be expected to provide further information to interested parties ~~up~~on request.

V. GAINS AND LOSSES INCURRED DURING THE ACCOUNTING PERIOD ~~SHALL~~MUST BE SHOWN SEPARATELY IN THE SAME SCHEDULE.

Commentary: Each transaction involving the sale or other disposition of securities during the accounting period ~~shall~~must be shown as a separate item in ~~one~~1 combined schedule of the account indicating the transaction, date, explanation, and any gain or loss.

Although gains and losses from the sale of securities can be shown separately in accounts, the preferred method of presentation is to present this information in a single schedule. Such a presentation provides the most meaningful description of investment performance and will tend to clarify relationships between gains and losses that are deliberately realized at the same time.

Increases and decreases in value not related to a sale or other disposition are unrealized gains or losses and should not be shown as such on this schedule.

RULE 5.700. OBJECTION TO GUARDIANSHIP REPORTS

(a) [No Change]

(b) Contents. Any objection ~~shall~~must be in writing and ~~shall~~must state with particularity each item to which the objection is directed and the grounds on which the objection is based.

(c) Service. The objector ~~shall~~must serve ~~a copy of~~ the objection on each guardian and on any other person as directed by the court.

Committee Notes

Rule History

1975 Revision – 2012 Revision [No Change]

2026 Revision: Committee notes revised.

Statutory References [No Change]

Rule References

Fla. Prob. R. 5.020 Pleadings; verification; motions.

Fla. Prob. R. 5.041 Service of pleadings and documents.

Fla. Prob. R. 5.060 Request for notices and copies of pleadings.

Fla. Prob. R. 5.180 Waiver and consent.

Fla. Prob. R. 5.610 Execution by guardian.

Fla. R. Gen. Prac. & Jud. Admin. 2.516 Service ~~of pleadings and documents~~.

RULE 5.901. FORM FOR PETITION TO DETERMINE INCAPACITY

MODEL FORM FOR USE IN PETITION TO DETERMINE INCAPACITY ~~PURSUANT TO~~UNDER FLORIDA PROBATE RULE 5.550

~~In the Circuit Court of the~~
~~_____ Judicial Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Respondent's Name
An Alleged Incapacitated Person

_____

PETITION TO DETERMINE INCAPACITY

Petitioner, ...(name of petitioner)....., files this petition seeking a determination of incapacity of the respondent and states:

1. Petitioner's name: _____ Petitioner's age: _____

Petitioner's home address and mailing address: _____
_____

Petitioner's relationship to the respondent: _____
_____

2. Respondent's name: _____ Respondent's age: _____

Respondent's home address, mailing address, county of residence: _____
_____
_____

Primary language of the respondent: _____

3. The factual basis for alleging incapacity: _____

_____

_____

4. List all persons, with their name and address, known to have information relating to the basis for alleging incapacity: _____

_____

_____

_____

5. Which rights are being sought to be removed under section 744.3215, Florida Statutes? Indicate which rights that the petitioner requests be removed from the respondent, but not delegated to a guardian:

( ) a. to marry. If the right to enter into a contract has been removed, the right to marry is subject to court approval;

( ) b. to vote;

( ) c. to personally apply for government benefits;

( ) d. to have a driver license;

( ) e. to travel; and

( ) f. to seek or retain employment.

Indicate which rights that the petitioner requests be removed from the respondent, but may be delegated to the guardian:

( ) a. to contract;

( ) b. to sue and defend lawsuits;

( ) c. to apply for government benefits;

( ) d. to manage property or to make any gift or disposition of property;

( ) e. to determine ~~his or her~~the respondent's residence;

( ) f. to consent to medical and mental health treatment; and

( ) g. to make decisions about ~~his or her~~the respondent's social environment or other social aspects of ~~his or her~~the respondent's life.

If all of the above are checked a determination of plenary incapacity is requested. If only some of the above are checked a determination of limited incapacity is requested.

6. Is a guardianship being sought? _____ Yes _____ No

Check any possible alternatives to guardianship:

( ) a. trust agreements;

( ) b. powers of attorney;

( ) c. designations of health care surrogates;

( ) d. other advance directives; or

( ) e. other _____

If a guardianship is being sought, explain why the checked possible alternatives to guardianship are insufficient to meet the needs of the respondent: _____

_____

_____

7. List the names, addresses, phone numbers, and relationships of the living next of kin of the respondent, including date of birth if the person is a minor. If married, this includes the spouse and all of ~~his or her~~the living next of kin's children:

Name	Address	Relationship

8. Name, address, and phone number of family physician, if known: _

_____

WHEREFORE, this court is respectfully requested to determine incapacity of the respondent, award attorney~~'s~~' fees and costs ~~pursuant to~~under Chapter 744, Florida Statutes, and grant such other relief as the court deems just and proper.

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 .....(date).....

_____
Petitioner's Signature
Petitioner's Printed Name: _____

_____
Petitioner's Address: _____

_____
Petitioner's Phone Number: _____
Petitioner's E-mail Address: _____

RULE 5.902. FORM FOR PETITION AND ORDER OF GUARDIAN

(a) Petition.

~~In the Circuit Court of the~~
~~_____ Judicial Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Respondent's Name

_____

PETITION FOR APPOINTMENT OF GUARDIAN

Petitioner, _____, files this petition ~~pursuant to~~under section 744.1097, Florida Statutes, and alleges that:

1. The petitioner, proposed guardian .....(name)....., who is _____ years of age, whose residential address is _____ and post office address is _____. The relationship of the petitioner to the respondent is _____.

2. Venue is proper in .....(county)....., ~~pursuant to~~under section 744.1097(2), Florida Statutes, (choose ~~one~~1):

( ) a. the incapacitated person resides in .....(county)....., Florida;

( ) b. the incapacitated person is not a Florida resident but owns property in .....(county)....., Florida; or

( ) c. a debtor of the incapacitated person resides in .....(county)...., Florida and the incapacitated person is not a Florida resident and does not own property in Florida.

3. The nature of the incapacity of the respondent: _____

_____

_____

4. The extent of the guardianship requested for the respondent:

( ) a. plenary; or

( ) b. limited.

5. The guardianship requested for the respondent is (choose ~~one~~1):

( ) a. of the person;

( ) b. of the property; or

( ) c. of the person and property.

6. The nature and value of the property subject to guardianship: _____

_____

_____

7. The names and addresses of the living next of kin of the respondent are:

Name	Address	Relationship

8. Choose ~~one~~1:

( ) a. the petitioner proposes that .....(name)..... be appointed as guardian and that .....(name)..... is qualified to serve;

( ) b. a willing and qualified guardian has not been located; or

( ) c. the proposed guardian is a professional guardian and has complied with the registration requirements of section 744.2002, Florida Statutes.

9. The proposed guardian should be appointed because: _____

_____

_____

10. 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 advanced directive, known to petitioner.

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 .....(date).....

Signature: _____
Petitioner
Name: _____
Address: _____
_____
Phone Number: _____
E-mail Address: _____

(b) Order.

~~In the Circuit Court of the~~
~~_____ Judicial Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Respondent's Name

_____

ORDER FOR APPOINTMENT OF GUARDIAN

1. By order of this court on .....(date)....., the respondent .....(name)..... was adjudicated incapacitated and is now a ward as defined in section 744.102(22), Florida Statutes. The extent of the incapacity is .....(plenary or limited)..... The ward retains the rights listed in section 744.3215(a), Florida Statutes.

2. No alternative to guardianship exists that sufficiently addresses the respondent's needs.

3. A .....(plenary or limited)..... guardianship of the:

( ) a. person;

( ) b. property; or

( ) c. person and property

is consistent with the respondent's welfare and safety, is the least restrictive alternative, and reserves to the respondent the right to make decisions in all matters commensurate with the ward's ability to do so.

4. .....(Name of guardian)..... is qualified to serve as .....(plenary or limited)..... guardian of the:

( ) a. person;

( ) b. property; or

( ) c. person and property of the ward

5. ( ) a. .....(Name of guardian)..... is the standby guardian or preneed guardian;

( ) b. there is no standby guardian or preneed guardian;

( ) c. there is a standby guardian or preneed guardian, but such person is not qualified to serve ~~pursuant to~~under section 744.309, Florida Statutes; or

( ) d. there is a standby guardian or preneed guardian, but appointment of such person is contrary to the best interests of the ward because: _____

_____

_____

6. Any additional facts that support the selection of guardian: _____

_____

_____

7. ( ) a. No advance directive exists;

( ) b. the following advance directive exists and is entitled .....(name of advance directive)..... and is dated .....(date of advance directive).....;

( ) c. the advance directive is being revoked or modified and the surrogate under the advance directive entitled .....(name of advance directive)..... and is dated .....(date of advance directive)..... was given notice of this proceeding and any motion to revoke or modify the advance directive; or

( ) d. if the advance directive is being revoked or modified the facts supporting the revocation or modification: _____

_____

_____

ORDERED and ADJUDGED as follows:

8. The court hereby appoints .....(name of guardian)..... as the.....(plenary or limited)..... guardian of the:

( ) a. person;

( ) b. property; or

( ) c. person and property of the ward.

9. The guardian may exercise only those delegable rights that have been removed from the ward and specifically delegated to the guardian, which are:

( ) a. to contract;

( ) b. to sue and defend lawsuits;

( ) c. to apply for government benefits;

( ) d. to manage property or to make any gift or disposition of property;

( ) e. to determine the ward's residence;

( ) f. to consent to medical and mental health treatment; and

( ) g. to make decisions about the ward's social environment or other social aspects of the ward's life.

10. The guardian may not exercise the following rights, even if such rights were removed from the ward:

a. to marry;

b. to vote;

c. to personally apply for government benefits;

d. to have a driver license;

e. to travel; and

f. to seek or retain employment.

11. The amount of the bond to be given by the guardian is: _____

12. The guardian:

( ) a. must; or

( ) b. is not required to

place all, or part, of the property of the ward in a restricted account in a financial institution designated ~~pursuant to~~under section 69.031, Florida Statutes.

13. ( ) a. No known advance directive exists;

( ) b. the advance directive entitled .....(name of advance directive)..... and is dated .....(date of advance directive)..... is being modified or revoked as follows:

( ) i. the surrogate ~~shall~~will not continue to exercise any authority over the ward with regard to health care decisions;

( ) ii. the surrogate ~~shall~~will continue to exercise authority over the respondent with regard to health care decisions;

( ) iii. the surrogate ~~shall~~will exercise the following authority over the ward with regard to: _____
_____
_____; or

( ) iv. The guardian ~~shall~~will exercise the following authority over the ward with regard to health care decisions: _____
_____
_____

14. The respondent .....(may or may not)..... have a license to carry a firearm or possess a weapon or firearm.

ORDERED this .....(date).....

_____
Judge

RULE 5.903. LETTERS OF GUARDIANSHIP

(a) Letters of Guardianship of the Person.

FORM LETTERS OF GUARDIANSHIP OF THE PERSON

~~In the Circuit Court of the~~
~~_____ Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of the Person

_____
Ward
An Incapacitated Person

_____

LETTERS OF .....(PLENARY OR LIMITED)..... GUARDIANSHIP OF THE PERSON

TO ALL WHOM IT MAY CONCERN:

WHEREAS, ...(guardian's name)..... has been appointed .....(plenary or limited)..... guardian of the person of .....(the ward)..... and has taken the prescribed oath and performed all other acts prerequisite to issuance of .....(plenary or limited)..... letters of guardianship of the person of the ward.

NOW THEREFORE, I, the undersigned judge, declare .....(guardian's name)..... duly qualified under the laws of the State of Florida to act as .....(plenary or limited)..... guardian of the person of .....(ward's name)..... with full power to exercise all power or the following powers and duties pertaining to the ward's person:

( ) 1. to determine ~~his or her~~the ward's residence;

( ) 2. to consent to medical and mental health treatment; and

( ) 3. to make decisions about ~~his or her~~the ward's social environment or other social aspects of ~~his or her~~the ward's life;

except the guardian ~~shall~~must not exercise any rights enumerated under section 744.3215(1), Florida Statutes.

The guardian ____ ~~shall~~must ____ must not execute any power over any health care surrogate appointed by any valid advance directive executed by the ward, ~~pursuant to~~under section 744.345, Florida Statutes, except ~~up~~on order of this court.

ORDERED this .....(date).....

_____
Judge

(b) Letters of Guardianship of the Property.

FORM LETTERS OF GUARDIANSHIP OF THE PROPERTY

~~In the Circuit Court of the~~
~~_____ Judicial Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of the Property

_____
Ward

An Incapacitated Person

_____

LETTERS OF .....(PLENARY OR LIMITED)..... GUARDIANSHIP OF THE PROPERTY

TO ALL WHOM IT MAY CONCERN:

WHEREAS, ...(guardian's name)..... has been appointed .....(plenary or limited)..... guardian of the property of .....(the ward)..... and has taken the prescribed oath and performed all other acts prerequisite to issuance of .....(plenary or limited)..... letters of guardianship of the property of the ward.

NOW THEREFORE, I, the undersigned judge, declare .....(guardian's name)..... duly qualified under the laws of the State of Florida to act as .....(plenary or limited)..... guardian of the property of .....(ward's name)..... with full power to exercise all delegable legal rights and powers of the ward, (or these listed):

( ) 1. to contract;

( ) 2. to sue and defend lawsuits;

( ) 3. to apply for government benefits; and

( ) 4. to manage property or to make any gift or disposition of property;

except the guardian ~~shall~~must not exercise any rights enumerated under section 744.3215(1), Florida Statutes.

ORDERED on .....(date).....

_____

Judge

RULE 5.904. FORMS FOR INITIAL AND ANNUAL GUARDIANSHIP PLANS

(a) Initial Guardianship Plan for Minor.

~~In the Circuit Court of the~~
~~_____ Judicial~~
~~Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Minor Ward
_____

INITIAL GUARDIANSHIP PLAN FOR MINOR

.....(Guardian's name)....., the guardian of the person of .....(ward's name)....., submits the following annual plan for the period beginning on .....(beginning date)..... and ending on .....(ending date)....., for the benefit of the ward.

1. The ward's address at the time of filing this plan is: _____
_____

2. The medical, dental, mental, or personal care services for the welfare of the ward that will be provided during the upcoming year are:

Provider	Type of Service to be Provided

3. The social and personal services to be provided for the welfare of the ward during the upcoming year are: _____

_____

_____

4. The place and kind of residential setting best suited for the needs of the ward is: _____

_____

_____

5. The physical and/or mental examinations necessary to determine the ward's medical, dental, and mental health treatment needs are: _____

_____

_____

6. Education of the ward:

Name and address of the school the ward will attend: _____

_____

Grade level of ward: _____

Description of classes the ward will attend: _____

7. Consulting with ward (Check 1):

( ) a. The ward is under age 14;

OR

( ) b. The guardian attests that the guardian has consulted with the ward (if ward is 14 years of age or older) and, to the extent reasonable, honored the ward's wishes consistent with the rights retained by the ward under the plan, and to the maximum extent reasonable, the plan is in accordance with the wishes of the ward.

8. This initial plan does not restrict the physical liberty of the ward more than is reasonably necessary to protect the ward from serious physical injury, illness, or disease and provides the ward with medical care and mental health treatment for the ward's physical and mental health.

(Please use additional sheets if necessary.)

Under penalties of perjury, I declare that I have completed and read the foregoing, and the facts set forth are true, to the best of my knowledge and belief.

Signed on .....(date).....

[A certificate of service is required if ward is 14 years of age or older.]

[~~I certify that the foregoing document has been furnished to .....(name, address used for service, mailing address, and e-mail address)..... by (e-mail) (delivery) (mail) (fax) on .....(date).....~~I certify that on ....(date).... this document has been furnished to (here insert name(s) and service address(es) by (here insert method of service such as portal, e-mail, delivery, or mail).]

_____
Guardian's Signature
Guardian's Printed Name: _____

_____
Guardian's Address: _____

_____
Guardian's Phone Number: _____
Guardian's E-mail Address: _____

If the guardian is represented by counsel, the attorney must comply with Florida Rule of General Practice and Judicial Administration 2.515.

(b) Annual Guardianship Plan for Minor.

~~In the Circuit Court of the~~
~~_____ Judicial~~
~~Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Minor Ward

_____

ANNUAL GUARDIANSHIP PLAN FOR MINOR

.....(Guardian's name)....., the guardian of the person of .....(ward's name)....., submits the following annual plan for the period beginning on .....(beginning date)..... and ending on .....(ending date).....

1. The ward's address at the time of filing this plan is: _____. During the prior 12 months, the ward resided at (include dates, names, addresses, and length of stay at each location):

Date	Name	Address	Length of stay

2. List any professional treatment (medical or dental) given to the ward during the prior 12 months:

Date	Provider	Treatment provided

3. A report from the physician who examined the ward no more than 180 days before the beginning of the applicable reporting period that contains an evaluation of the ward's physical and mental conditions has been filed with this plan. [*See subdivision (e) of this rule for a format for a physician's report.*]

4. The plan for providing medical or dental services in the coming year:

_____
_____
_____

5. A summary of the ward's school progress report:

_____
_____
_____

6. A description of the ward's social development, including how well the ward communicates and maintains interpersonal relationships:

_____
_____
_____

7. The social needs of the ward are:

_____
_____
_____

8. Consulting with ward (Check 1):

( ) a. The ward is under age 14;

OR

( ) b. The guardian attests that the guardian has consulted with the ward (if ward is 14 years of age or older) and, to the extent reasonable, honored the ward's wishes consistent with the rights retained by the ward under the plan, and to the maximum extent reasonable, the plan is in accordance with the wishes of the ward.

(Please use additional sheets if necessary.)

Under penalties of perjury, I declare that I have completed and read the foregoing, and the facts set forth are true, to the best of my knowledge and belief.

Signed on .....(date).....

[A certificate of service is required if ward is 14 years of age or older.]

[~~I certify that the foregoing document has been furnished to .....(name, address used for service, mailing address, and e-mail address)..... by .....(e-mail) (delivery) (mail) (fax)..... on .....(date).....~~I certify that on ....(date).... this document has been furnished to (here insert name(s) and service address(es) by (here insert method of service such as portal, e-mail, delivery, or mail).]

_____
Guardian's Signature
Guardian's Printed Name: _____

_____
Guardian's Address: _____

_____
Guardian's Phone Number: _____
Guardian's E-mail Address: _____

(c) Initial Guardianship Plan for Adult.

~~In the Circuit Court of the _____ Judicial Circuit, in and for _____ County, Florida~~

~~Probate Division Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Respondent's Name

Person with Developmental Disability
_____

INITIAL GUARDIANSHIP PLAN

(Initial Report of Guardian/Guardian Advocate)

.....(Guardian's name)....., the guardian of the person/guardian advocate of .....(ward's name)....., the ward, submits the following initial plan:

During the period beginning .....(beginning date)....., and ending on .....(ending date)....., the guardian proposes the following plan for the benefit of the ward.

1. The medical, mental, or personal care services for the welfare of the ward that will be provided during the upcoming year are:

Provider	Type of Service to be Provided

2. The social and personal services to be provided for the welfare of the ward during the upcoming year are: _____

_____

_____

3. The place and kind of residential setting best suited for the needs of the ward is: _____

_____

_____

4. Describe the 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: ___

_____

_____

5. The physical and mental examinations necessary to determine the ward's medical, and mental health treatment needs are: _____

_____

_____

6. The guardian/guardian advocate hereby attests that the guardian/guardian advocate has consulted with the ward and, to the extent reasonable, honored the ward's wishes consistent with the rights retained by the ward under the plan, and to the maximum extent reasonable, the plan is in accordance with the wishes of the ward.

7. This initial plan does not restrict the physical liberty of the ward more than is reasonably necessary to protect the ward from serious physical injury, illness, or disease and provides the ward with medical care and mental health treatment for the ward's physical and mental health.

(Please use additional sheets if necessary.)

8. The following is a list of preexisting orders not to resuscitate, health care surrogate decision, living will, or anatomical gift.

#	Title	Date	Suspended by Court (Yes or No)	Steps Taken to Locate any Preexisting Document
1.				
2.				
3.				

(Please use additional sheets if necessary.)

Under penalties of perjury, I declare that I have completed and read the foregoing, and the facts set forth are true, to the best of my knowledge and belief.

Signed on .....(date).....

[A certificate of service is required unless ward has been declared totally incapacitated.]

[~~I certify that the foregoing document has been furnished to .....(name, address used for service, mailing address, and e-mail address)..... by .....(e-mail) (delivery) (mail) (fax)..... on .....(date).....~~I certify that on ....(date).... this document has been furnished to (here insert name(s) and service address(es) by (here insert method of service such as portal, e-mail, delivery, or mail).]

_____
Guardian's Signature
Guardian's Printed Name: _____

_____
Guardian's Address: _____

_____
Guardian's Phone Number: _____
Guardian's E-mail Address: _____

(d) Annual Guardianship Plan for Adult.

~~In the Circuit Court of the~~
~~_____ Judicial~~
~~Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Respondent's Name
Person with Developmental Disability
_____

ANNUAL GUARDIANSHIP PLAN OF GUARDIAN/
GUARDIAN ADVOCATE OF THE PERSON

.....(Guardian's name)....., the guardian of the person/guardian advocate of .....(ward's name)....., the ward, submits the following annual plan for the period beginning .....(beginning date)..... ending .....(ending date)......

1. The ward's address at the time of filing this plan is: _____

_____

2. During the prior 12 months, the ward resided or was maintained at (include dates, names, addresses, and length of stay at each location):

Date	Name	Address	Length of stay

3. The residential setting best suited for the current needs of the ward is (Check 1):

( ) a. group home;

( ) b. assisted living;

( ) c. nursing home;

( ) d. live with parents;

( ) e. at ward's private residence; or

( ) f. other: _____

4. Plans for ensuring that the ward is in the best residential setting to meet the ward's needs during the coming year are as follows: _____

_____

_____

5. The following is a list of any medical treatment given to the ward during the preceding year:

Date	Provider	Treatment provided

6. Attached is a report of a physician who examined the ward no more than 90 days before the beginning of the applicable reporting period, including that physician's evaluation of the ward's condition and a statement of the current level of capacity of the ward.

7. The plan for provision of medical, dental, mental health, and rehabilitative services (for example, occupational therapy, physical therapy, speech therapy, applied behavioral analysis) in the coming year is:

Date	Provider	Service provided

8. The following information is submitted concerning the social condition of the ward:

a. The ward is currently using the following social and personal services (include name, services rendered, and address of each provider), including any groups in which the ward is participating:

Date	Provider	Service provided

b. The following is a statement of the social skills of the ward, including how well the ward maintains interpersonal relationships with others: _____

c. The following is a description of the social needs of the ward, if any: _____

9. The following is a summary of activities during the preceding year designed to increase the capacity of the ward, including involvement in groups or group activities: _____

10. Is the ward now capable of having some or all of the ward's rights restored?

( ) If yes, identify the rights that should be restored: _____

11. Do you plan to seek the restoration of any rights to the ward?

( ) If yes, identify the rights that you are seeking to be restored: _____

12. This plan _____ has or _____ has not been reviewed with the ward.

(Please use additional sheets where necessary.)

13. The following is a list of preexisting orders not to resuscitate, health care surrogate designation, living will, or anatomical gift:

	Suspended by	Steps Taken to Locate any

#	Title	Date	Court? (Yes or No)	Preexisting Document
1.				
2.				
3.				

(Please use additional sheets if necessary.)

Under penalties of perjury, I declare that I have completed and read the foregoing, and the facts set forth are true, to the best of my knowledge and belief.

Signed on .....(date).....

[A certificate of service is required unless ward has been declared totally incapacitated.]

[~~I certify that the foregoing document has been furnished to .....(name, address used for service, mailing address, and e-mail address)..... by .....(e-mail) (delivery) (mail) (fax)..... on .....(date).....~~I certify that on ....(date).... this document has been furnished to (here insert name(s) and service address(es) by (here insert method of service such as portal, e-mail, delivery, or mail).]

_____
Guardian's Signature
Guardian's Printed Name: _____

_____
Guardian's Address: _____

_____
Guardian's Phone Number: _____
Guardian's E-mail Address: _____

If the guardian is represented by counsel, the attorney must comply with Florida Rule of General Practice and Judicial Administration 2.515 (every document of a party represented by an attorney must be signed by at least 1 attorney of record).

(e) Physician's Report.

~~In the Circuit Court of the~~
~~_____ Judicial~~
~~Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Respondent's Name
Person with Developmental Disability

_____

PHYSICIAN'S REPORT

(Required by section 744.3675, Florida Statutes)

1. Name of Physician: _____

Address: _____
_____

2. Name of ward: _____

3. Date of examination: _____

4. Purpose of examination: _____

   a. Regular checkup: _____

   b. Treatment for: _____

5. Evaluation of ward's condition: (Specify mental and physical condition at time of examination) _____

_____

_____

6. Description of ward's capacity to live independently: _____

_____

_____

7. The ward __ does ___ does not continue to need assistance of a guardian.

8. Is the ward capable of being restored to capacity at this time? _____ Yes _____ No

Are there any rights that can be restored at this time? Check any rights that can be restored:

( ) a. to marry;

( ) b. to vote;

( ) c. to personally apply for government benefits;

( ) d. to have a driver license;

( ) e. to travel;

( ) f. to seek or retain employment;

( ) g. to contract;

( ) h. to sue and defend lawsuits;

( ) i. to apply for government benefits;

( ) j. to manage property or to make any gift or disposition of property;

( ) k. to determine the ward's residence;

( ) *l.* to consent to medical and mental health treatment; or

( ) m. to make decisions about the ward's social environment or other social aspects of the ward's life.

9. Date of this report: _____

_____10. Signature of physician completing this report: _____
_____

APPENDIX A
INSTRUCTIONS TO GUARDIANS AND GUARDIAN ADVOCATES FOR FILING ANNUAL PLANS

1. Fill in the name of the county in which the case is filed on the second blank line at the top where it reads "IN AND FOR _____ COUNTY."

2. Print the name of the ward on the line just below the "In Re: Guardianship of" caption.

3. Put the case number in the space marked "CASE NO." ~~in the upper right hand corner~~ (same as court file number).

4. On the first blank line after the title of the document (Annual Plan), print the guardian's name.

5. On the next blank line, print the ward's name.

6. Write in the dates for the period of time of the plan. This period should end on the last day of the month of the month you were appointed and begin a full year before that. If you do not know your plan period, please see the chart below. Please call the clerk's office or the appropriate court staff in the county in which you are filing, if you cannot determine the plan period after reviewing the chart.

7. Type or print answers to all of the questions on the plan. If the question does not apply to your ward's circumstances, write in the phrase "not applicable." Fill in all the blanks. If your ward has a habilitation plan (produced by the social worker or the Florida Department of Children and Families) and it has changed, please provide a copy of the habilitation plan as an attachment to the annual plan. If the habilitation plan has not changed then do not file a copy.

8. In paragraph 9, if your ward participates in groups, include that information in this paragraph.

9. Sign your name, and print your name, address, e-mail address, and phone number where indicated. If there are co-guardian advocates, both must sign the plan.

10. Make a copy of the plan for your records in the event there is a problem and work from it for next year's plan. Make a copy of any attachments to the plan, as well.

11. Mail or hand deliver the original plan to the **Clerk of Court** of the county in which the case is filed. You MUST also send a copy of the plan to your attorney, if you have an attorney, so that the attorney will know that you have filed the plan and will have a copy of the plan in case there is a problem.

APPENDIX B
ANNUAL ACCOUNTING AND PLAN DATES
(IF FISCAL YEAR REPORT PERIOD)

Month Letters Signed	Report Begin Date	Report End Date	Report Due Date
January	February 1	January 31	May 1
February	March 1	February 28	June 1
March	April 1	March 31	July 1
April	May 1	April 30	August 1
May	June 1	May 31	September 1
June	July 1	June 30	October 1
July	August 1	July 31	November 1
August	September 1	August 31	December 1
September	October 1	September 30	January 1
October	November 1	October 31	February 1
November	December 1	November 30	March 1
December	January 1	December 31	April 1

RULE 5.905. FORM FOR PETITION; NOTICE; AND ORDER FOR APPOINTMENT OF GUARDIAN ADVOCATE OF THE PERSON

(a) Petition.

FORM FOR USE IN PETITION FOR
APPOINTMENT OF GUARDIAN ADVOCATE OF THE PERSON
UNDER FLORIDA PROBATE RULE 5.649

~~In the Circuit Court of the~~
~~_____ Judicial~~
~~Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship Advocacy of

_____
Respondent's Name
Person with Developmental Disability

_____

PETITION FOR APPOINTMENT OF
GUARDIAN ADVOCATE OF THE PERSON

Petitioner, _____, files this petition under section 393.12, Florida Statutes, and Florida Probate Rule 5.649 and alleges that:

1. The petitioner, proposed guardian advocate .....(name)....., is _____ years of age, whose residential address is _____ and post office address is _____. The relationship of the petitioner to the respondent is _____.

2. .....(Respondent's name)..... is a person with a developmental disability who was born on _____ and who is _____ years of age, who resides in _____ County, Florida. The residential address of the respondent is _____ and the post office address is _____ _____.

3. The petitioner believes that respondent needs a guardian advocate:

a. due to the following developmental disability:

( ) i. intellectual disability;

( ) ii cerebral palsy;

( ) iii. autism;

( ) iv. spina bifida;

( ) v. Down syndrome;

( ) vi. Phelan-McDermid syndrome;

( ) vii. Prader-Willi syndrome; or

( ) viii. Tatton-Brown-Rahman syndrome,

which manifested before the age of 18.

b. The developmental disability has resulted in the following substantial handicaps: _____ _____

4. The exact areas in which the person with the developmental disability lacks the ability to make informed decisions about the person's care and treatment services or to meet the essential requirements for the person's physical health or safety are as follows:

( ) 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; and

( ) f. to bring an independent action for support.

5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced 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.

6. The names and addresses of the next of kin of the respondent are:

Name	Address	Relationship

7. The proposed guardian advocate .....(name)....., whose residence 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 advocate is not a professional guardian. The relationship of the proposed guardian advocate with the providers of health care services, residential services, or other services to the respondent is (if none, indicate: NONE):_____
_____
_____

8. a. The petitioner(s) allege(s) that to their knowledge, information, and belief, the respondent _____ has or _____ has NOT executed an advance directive under chapter 765, Florida Statutes, (designated health case surrogate or other advance directive) or a durable power of attorney under chapter 709, Florida Statutes.

b. The petitioner(s) also allege(s) to the petitioner's knowledge, information, and belief, the respondent, _____ has or _____ has NOT executed a supported decisionmaking agreement under section 709.2209, Florida Statutes.

c. The petitioner(s) allege(s) that the respondent has the documents referenced in subdivisions 8.a. or 8.b., but the documents are insufficient to meet the needs of the respondent because: (Do not complete if the respondent does not have the documents referenced in subdivisions 8.a. and 8.b.) _____
_____
_____

9. *(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 .....(name)....., 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 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: _____
_____
_____

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 .....(date).....

Signature: _____
Proposed Guardian Advocate
Name: _____
Address: _____
_____
Phone Number: _____
E-mail Address: _____

Signature: _____
Proposed Co-Guardian Advocate
Name: _____
Address: _____
_____
Phone Number: _____
E-mail Address: _____

(b) Notice. The notice of the filing of the petition for the appointment of guardian advocate of the person and notice of hearing must be served with the petition for appointment of guardian advocate of the person under subdivision (a) of this rule.

FORM FOR NOTICE OF FILING OF A PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE OF THE PERSON UNDER SECTION 393.12(4), FLORIDA STATUTES, AND NOTICE OF HEARING

~~In the Circuit Court of the~~
~~_____ Judicial~~
~~Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardian Advocacy of

_____
Respondent's Name
Person with Developmental Disability
_____

NOTICE OF FILING OF A PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE AND NOTICE OF HEARING

TO: .....(Respondent)....., ...(attorney for respondent)....., ...(next of kin)....., ...(healthcare surrogate)....., and .....(agent under durable power of attorney).....

YOU ARE NOTIFIED that a petition for appointment of guardian advocate of the person has been filed. A copy of the petition for appointment of guardian

advocate of the person is attached to this notice. There will be a hearing on the petition as follows:

You are to appear before the Honorable ....., Judge, at .....(time)....., on .....(date)....., at the county courthouse of ..... County, in ....., Florida for the hearing of this petition.

The reason for this hearing is to inquire into the capacity of the respondent, the person with a developmental disability, to exercise the rights enumerated in the petition. (See § 744.102(12)(b), Fla. Stat.)

The respondent has the right to be represented by counsel of the respondent's own choice and the court has initially appointed the following attorney to represent the respondent:

Attorney for the respondent: .....(name)....., ...(address)....., ...(phone)....., ...(e-mail).....

Respondent has the right to substitute an attorney of the respondent's own choice in place of the attorney appointed by the court.

Signed .....(date).....

Signature: _____
Proposed Guardian Advocate

Name: _____
Address: _____
_____
Phone Number: _____
E-mail Address: _____

Signature: _____
Proposed Co-Guardian Advocate (if any)

Name: _____
Address: _____
_____
Phone Number: _____
E-mail Address: _____

CERTIFICATE OF SERVICE

I CERTIFY that a copy of the foregoing notice of filing petition to appoint guardian advocate and notice of hearing and a copy of the petition for appointment of guardian advocate of the person was served on all persons indicated above, including on the attorney for the respondent, on .....(date).....

Signature: _____
Proposed Guardian Advocate

Name: _____
Address: _____
_____
Phone Number: _____

Signature: _____
Proposed Co-Guardian Advocate (if any)

Name: _____
Address: _____
_____
Phone Number: _____

E-mail Address: _____ E-mail Address: _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact [identify applicable court personnel by name, address, and telephone number] at least 7 days before your scheduled court appearance, or immediately ~~up~~on receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

(c) Order.

~~In the Circuit Court of the~~
~~_____ Judicial~~
~~Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardianship of

_____
Respondent's Name
Person with Developmental Disability
_____

ORDER APPOINTING GUARDIAN ADVOCATE

On consideration of the petition for the appointment of guardian advocate of the person, the court finds that .....(respondent's name)..... has a developmental disability of a nature that requires the appointment of guardian advocate of the person based on the following findings of fact 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 the respondent's 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; and

( ) f. to bring an independent action for support.

5. There are no alternatives to guardian advocacy, such as trust agreements, powers of attorney, designation of health care surrogate, or other advanced 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.

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, under Chapter 765, Florida Statutes, except on further order of this Court.

ORDERED AND ADJUDGED:

1. .....(Name)..... is qualified to serve as guardian advocate and is hereby appointed as guardian advocate of the person of .....(respondent's name).....

2. The guardian advocate will exercise only the rights that the court has found the disabled person incapable of exercising on the disabled person's own behalf, as outlined herein above. Said rights are specifically delegated to the guardian advocate.

ORDERED this .....(date).....

_____

Judge

RULE 5.906. LETTERS OF GUARDIAN ADVOCACY

FORM LETTERS OF GUARDIAN ADVOCACY

~~In the Circuit Court of the~~
~~_____ Judicial~~
~~Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~

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

Probate Division
Case No.: _____

In Re: Guardian Advocacy of

_____
Respondent's Name
Person with Developmental Disability

_____

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

TO ALL WHOM IT MAY CONCERN:

WHEREAS, ...(guardian advocate's name(s))..... has/have been appointed guardian advocate(s) of the person of .....(the ward)....., a person with a developmental disability who lacks the decision-making capacity to do some of the tasks necessary to take care of the ward's person; and

NOW, THEREFORE, I, the undersigned, declare that .....(guardian advocate's name(s))..... is/are duly qualified under the laws of the State of Florida to act as guardian advocate of the person of .....(the ward)...., with full power to exercise the following powers and duties on behalf of the person with a developmental disability:

( ) 1. to apply for government benefits;

( ) 2. to determine residency;

( ) 3. to consent to medical and mental health treatment;

( ) 4. to make decisions about social environment and social aspects of life;

( ) 5. to make decisions regarding education; and

( ) 6. to bring an independent action for support.

Without first obtaining specific authority from the court, under sections 744.3215(4) and 744.3725, Florida Statutes, the guardian advocate (co-guardian advocates) may not:

a. commit the respondent to a facility, institution, or licensed service provider without formal placement proceedings under Chapter 393, Florida Statutes;

b. consent to the participation of the respondent in any experimental biomedical or behavior procedure, exam, study, or research;

c. consent to the performance of sterilization or abortion procedure on the respondent;

d. consent to termination of life support systems provided for the respondent;

e. initiate a petition for dissolution of marriage for the ward; or

f. exercise any authority over any health care surrogate appointment by a valid advance directive executed by the disabled person, under Chapter 765, Florida Statutes, except on further order of this court.

The respondent retains all legal rights except those that are specifically granted to the guardian advocate (co-guardian advocates) under court order.

ORDERED this .....(date).....

_____

Judge

RULE 5.910. INVENTORY

~~_____ Judicial Circuit,~~
~~in and for _____~~
~~County, Florida~~

~~Probate Division~~
~~Case No. _____~~
~~Judge: _____~~
~~Amended Form? ____ Yes* ____ No~~
~~*If yes, version of the Amended Form: _____~~

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

Probate Division
Case No.: _____
Judge: _____
Amended form? ___ Yes* ___ No
*If yes, version of
Amended Form: _____

In Re: Guardianship of

_____

INITIAL INVENTORY

Date of letters of guardianship: _____

Property guardianship type: _____

SUMMARY

Section A: Value of Real Property Assets $ _____

Section B: Cash Assets/Cash Equivalent Assets $ _____

Section C: Intangible Assets/Stocks/Bonds $ _____

Section D: Tangible Personal Property $ _____

Section E: Debts/Encumbrances/Liabilities/Liens $ _____

Total **$** _____

Section A: Real Property Assets

Do you have entries for Section A? _____ Yes _____ No

Number	Description and Address	Full Value	Is There Another Owner? Yes or No
1.			
2.			
3.			

Total for Section A **$** _____

Attach a copy of the property appraiser's information or a copy of the deed for all real property.

Section B: Cash Assets/Cash Equivalent Assets (checking account, savings account, money market account, certificate of deposit (CD))

Do you have entries for Section B? _____ Yes _____ No

Are any of the entries held in a depository account? _____ Yes _____ No

Number	Institution Name	Last 4 Digits of Account Number	Type of Asset	Full Value	Is There Another Owner? Yes or No	Is this a Depository Account? Yes or No
1.						
2.						
3.						

Total for Section B **$** _____

Attach a copy of the institution's statement for each account from the creation date of the guardianship.

Section C: Intangible Assets/Stocks/Bonds

Do you have entries for Section C? _____ Yes _____ No

Are any of the entries held in a depository account? _____ Yes _____ No

Number	Issuer Name and Address	Type of Asset	Full Value	Last 4 Digits of Account Number	Is There Another Owner? Yes or No
1.					
2.					
3.					

Total for Section C **$** _____

Attach a copy of the institution's statement for each account from the creation date of the guardianship.

Section D: Tangible Personal Property Assets (motor vehicles, jewelry, household furnishings, collectibles, fine art)

Do you have entries for Section D? _____ Yes _____ No

Number	Description and Location	Full Value	Is There Another Owner? Yes or No
1.			
2.			
3.			

Total for Section D **$** _____

Attach a copy of the title for any motor vehicle.

Section E: Debts/Encumbrances/Liens/Liabilities

Do you have entries for Section E? _____ Yes _____ No

Instructions: List each liability equal to or greater than $1,000.

Number	Creditor	Full Amount of Liability	Last 4 Digits of Account Number	Is there Another Person who Owes on the Debt? Yes or No
1.				
2.				
3.				

Total for Section E **$** _____

A copy of documents detailing each listed liability.

_____

Section F: Sources of Income

Do you have entries for Section F? _____ Yes _____ No

Number	Type	Payor	Estimated Monthly Amount
1.			
2.			
3.			

Total for Section F **$** _____

Is the guardian the representative payee of Social Security benefits? ___ Yes ___ No

If no, who is the representative payee for the Social Security benefits? _____

_____

Section G: Lawsuits Against the Ward

Do you have entries for Section G? _____ Yes _____ No

Number	Description of Lawsuit or Claim	Estimated Amount of Claim	Court Address	Plaintiff's Name and Address	Describe Cause of Action	Date of Debt Occurrence
1.						
2.						
3.						

Section H: Pending Litigation and/or Lawsuits the Ward May Bring if Court Approval Is Received

Do you have entries for Section H? _____ Yes _____ No

Number	Description of Lawsuit or Claims	Case Number and Court Address	Defendant Name and Address	Describe Cause of Action	Attorney for Ward
1.					
2.					
3.					

Section I: Assets the Ward, as of the Date of the Letters of Guardianship, Was Entitled to Receive, but Has Not Received

Do you have entries for Section I? _____ Yes _____ No

Instructions: If the guardian has knowledge of assets the ward was entitled to receive as of the date of letters, but were not received the assets should be listed here. Examples: insurance policies, benefits, inheritance, or settlements from litigation.

Number	Description	Estimated Date of Receipt	Estimated Amount
1.			
2.			
3.			

Section J: Trusts

Do you have entries for Section J? _____ Yes _____ No

Number	Name of Current Trustee and Address	Ward's Interest	Estimated Date Trust was Created	Value of the Ward's Interest in the Trust
1.				
2.				
3.				

Section K. Safe-Deposit Box

Does the ward lease a safe-deposit box? _____ Yes _____ No

If yes, location and number of safe-deposit box: _____

Does the ward lease a safe-deposit box with another individual or individuals? _____ Yes _____ No

Who is the joint lessee with the ward? _____

Was an inventory of the safe-deposit box filed with the court as required by section 744.365, Florida Statutes? _____ Yes _____ No

Has the safe-deposit box been opened? _____ Yes _____ No

[*A certificate of service as required by Florida Rule of General Practice and Judicial Administration 2.516 must be included if the incapacitated person is not a minor under 14 years of age and is not totally incapacitated.*]

~~I certify that the foregoing document has been furnished to .....(name, address used for service, mailing address, and e-mail address)..... by .....(e-mail) (delivery) (mail) (fax)..... on .....(date).....~~I certify that on ....(date).... this document has been furnished to (here insert name(s) and service address(es) by (here insert method of service such as portal, e-mail, delivery, or mail).

_____
Guardian's Signature
Guardian's Printed Name: _____

_____
Guardian's Address: _____

_____
Guardian's Phone Number: _____
Guardian's E-mail Address: _____