IN THE CIRCUIT COURT FOR PINELLAS COUNTY, FLORIDA PROBATE DIVISION

| IN RE | : GUARDIANSHIP OF | | |
|----------|--|--|--|
| | (NAME OF WARD) | | |
| FILE NO. | | | |
| | PETITION FOR APPOINTMENT OF CO-GUAL (Person with Developmental Disabilities: Flor | | |
| | Petitioners, allege: | | |
| 1. | Petitioner, (NAME OF PETITIONER) 'S, residence and mailing address is (FULL ADDRESS). His/her email address is (EMAIL ADDRESS). His/her date of birth is (PETITIONER'S DATE OF BIRTH), and he/she is an adult, age (PETITIONER'S AGE). Petitioner's relationship to (NAME OF WARD), the person with a developmental disability (hereinafter the "Ward") is (RELATIONSHIP TO WARD). | | |
| 2. | Petitioner, (NAME OF PETITIONER) 'S, residence and mailing address is (FULL ADDRESS). His/her email address is (EMAIL ADDRESS). His/her date of birth is (PETITIONER'S DATE OF BIRTH), and he/she is an adult, age (PETITIONER'S AGE). Petitioner's relationship to (NAME OF WARD), the person with a developmental disability (hereinafter the "Ward") is (RELATIONSHIP TO WARD). | | |
| 3. | (NAME OF WARD) is a person with a developmental disability, who was born on (WARD'S DATE OF BIRTH), and who is (WARD'S AGE) years of age. The Ward's primary spoken language is English and the last four digits of the Ward's Social Security Number is XXX-XX The Ward resides in Pinellas County, Florida. His/her residence and mailing address is (WARD'S FULL ADDRESS). | | |
| 4. | The Ward's next-of-kin are: | | |
| | NAME (Relationship) – Full Address | | |
| | NAME (Relationship) – Full Address | | |
| | NAME (Relationship) – Full Address | | |
| 5. | The Petitioners believe that the Ward is in need of Co developmental disability which manifested itself p specifically: (LIST DIAGNOSIS) | | |

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

6. The Petitioners believe that Co-Guardian Advocates are necessary because the Ward lacks the decision-making ability to make informed decisions about the Ward's own person, specifically the following rights:

Person, Delegable

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

Property, Delegable

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

Person, Non-Delegable

- (X) To marry
- (X) To vote
- (X) To have a driver's license
- (X) To travel

Property, Non-Delegable

- (X) To seek and retain employment
- 7. Petitioners are willing and able to act as Co-Guardian Advocates for the Ward and should be appointed as Co-Guardian Advocates because Petitioners are the Ward's parents, are willing to serve in that capacity and are best qualified to act on the Ward's behalf.
- 8. In accordance with Probate Rule 5.649(a)(7), Petitioners have knowledge, information or belief that the Ward has not created an advanced directive, Health Care Surrogate or a Durable Power of Attorney.
- 9. The Petitioners further state that the Ward is indigent, and an Application for Determination of Indigent Status is filed with this Petition.
- 10. Petitioners file with this Court their Applications for Appointment as Co-Guardian Advocates in conjunction with this Petition, pursuant to the applicable Administrative Order of the Court and have completed the Mandatory Guardianship Checklists and file the checklists with this Petition. Petitioners have completed instructions for a Criminal Background Check and have used ORI # FL052104Z to order a copy of the results of the background check to be delivered to the Clerk of the Court. Petitioners have completed the

DCF Release form and forwarded the form to the probate division at 501 1st Avenue N., St. Petersburg, Florida 33701, Suite 222.

WHEREFORE, the Petitioners request this Court set a hearing to inquire into the decision-making ability of the Ward, and should the Court determine it is appropriate to do so, enter an Order appointing the Petitioners as Co-Guardian Advocates for the Ward.

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

The Petitioners further request that this Court allow the Co-Guardian Advocates to file an Affidavit annually stating where the Ward resides and that the funds the Ward receives are used for care, maintenance and support of the Ward, if applicable.

Under penalties of perjury, we declare that we have read the foregoing, and the facts alleged are true, to the best of our knowledge and belief.

| Signed on, 2023. | |
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| NAME, ESQ. Florida Bar Number Address CSZ Telephone Number/Fax Number Email Address Secondary Email Address Attorney for Petitioners | NAME Petitioner Address CSZ Telephone Number Email Address |
| Attorney for Fentioners | NAME Petitioner Address CSZ Telephone Number |

Email Address