

FORM A

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

IN RE: GUARDIAN ADVOCACY OF CASE NO.: _____

_____ /
A Person with a Developmental Disability, SECTION: _____

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

Petitioner(s), allege:

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

Residence is _____ and

Mailing address is _____ and

Email Address is: _____

2. (If Co-Guardian Advocacy/Co Guardian is sought, list 2nd Petitioner here. If none, write “none”)

 Petitioner _____'s
 First Name Middle Name Last Name

Residence is _____ and

Mailing address is _____ and

Email Address is: _____

3. Petitioner’s date of birth is _____ and is an adult, age _____. Petitioner’s relationship to _____, the person with a developmental disability/alleged incapacitated person (hereinafter the “Ward”) is _____.

4. (If Co-Guardian Advocate/Co-Guardian, list 2nd Petitioner here. If none, write “none”)

Petitioner’s date of birth is _____ and is an adult, age _____. Petitioner’s relationship to the Ward is _____.