

IN THE CIRCUIT COURT FOR
PINELLAS COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIANSHIP OF

(NAME OF WARD)

FILE NO.

PETITION FOR APPOINTMENT OF CO-GUARDIAN ADVOCATES

(Person with Developmental Disabilities: Florida Statute 393.12)

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-Guardian Advocates due to his/her developmental disability which manifested itself prior to the age of eighteen (18), specifically: (LIST DIAGNOSIS).