

IN RE: _____ CASE NO.: _____

**Petition for Adjudication of Incompetence to Consent to Treatment
and Appointment of a Guardian Advocate**

PART I

I, _____, Administrator of

Name of Facility

Facility Address

hereby recommend that _____ be
adjudicated incompetent to consent to:

☐ Mental health treatment

☐ Medical treatment

and that a guardian advocate be appointed to make such health care decisions for the person. The individual is presently
placed in the County of _____ and has residence in the County of _____.

OR

Is presently ordered to involuntary outpatient services in the County of: _____.

PART II Opinion of a Psychiatric Professional Supporting the Petition

I, _____, a psychiatrist or psychiatric nurse authorized to
practice in the

State of Florida, have personally examined _____
Name of Individual Examined

on _____, and found his/her judgment to be so affected by a mental illness that he/she lacks the
Date

capacity to make a well-reasoned, willful, and knowing decision concerning his/her ☐ medical and/or ☐ mental
health care. Observations which support this opinion are: _____

Signature of Psychiatrist or Psychiatric Nurse Date _____ Time _____ am pm

Typed or Printed Name of Psychiatrist or Psychiatric Nurse License Number _____

CONTINUED OVER

**Petition for Adjudication of Incompetence to Consent to Treatment
and Appointment of a Guardian Advocate (Page 2)**

PART III - Proposed Guardian Advocate

_____, who resides at _____ and whose relationship to the individual is _____, has agreed to serve as guardian advocate. He/she has been provided with information about the duties and responsibilities of guardian advocates, including the information about the ethics of medical decision-making.

Signature of Administrator or Designee

Date

_____ am pm
Time

Typed or Printed Name of Administrator or Designee

Complete Parts I, II, and III to Petition for a Guardian Advocate

Complete Part I only to petition the Court to expand a current guardian advocate's authority to provide consent to medical treatment in addition to mental health treatment.

Complete Part I and Part III to request the circuit court to appoint a substitute guardian advocate for one who cannot or will not perform his or her duties.

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided	Time Copy Provided	Initial of Who Provided Copy
☐ Individual		am pm	
☐ Representative		am pm	
☐ Current Guardian Advocate		am pm	
☐ Prospective Guardian Advocate		am pm	
☐ Person's Attorney		am pm	