

IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY,  
FLORIDA PROBATE DIVISION

IN RE:

File No. \_\_\_\_\_

Division \_\_\_\_\_

an alleged incapacitated person

PETITION TO DETERMINE INCAPACITY

Petitioner \_\_\_\_\_ alleges:

1. Petitioner is an adult, age \_\_\_\_\_, whose present address is \_\_\_\_\_, and whose relationship to the hereafter named alleged incapacitated person is \_\_\_\_\_.

2. Petitioner believes \_\_\_\_\_, age \_\_\_\_\_, a resident of \_\_\_\_\_ County, Florida, whose primary spoken language is \_\_\_\_\_, and whose present address is \_\_\_\_\_, to be incapacitated, based upon the following factual information:

3. The names and addresses of all persons known to petitioner who have knowledge of such facts through personal observation are:

4. The alleged incapacitated person is incapable of exercising the following rights:

- |   |  |
|---|--|
| <input type="checkbox"/> to marry   | <input type="checkbox"/> to vote                       |
| <input type="checkbox"/> to contract  | <input type="checkbox"/> to travel                     |
| <input type="checkbox"/> to sue and defend lawsuits   | <input type="checkbox"/> to have a driver's license    |
| <input type="checkbox"/> to determine his or her residency  | <input type="checkbox"/> to seek or retain employment  |
| <input type="checkbox"/> to consent to medical and mental health treatment  | <input type="checkbox"/> to manage property or to make |
| <input type="checkbox"/> to personally apply for government benefits  | any gift or disposition of property                    |
| <input type="checkbox"/> to make decisions about his or her social environment or other social aspects of his or her life |  |

Petitioner has insufficient experience to make judgments concerning the rights the alleged incapacitated person is incapable of exercising (strike if not applicable).

5.        (    ) Plenary (    ) Limited guardianship is being sought for the alleged incapacitated person.  
(check if known)

6.        The names, addresses and relationships of all known next of kin of the alleged incapacitated person are (give years of birth of any who are minors):

7.        The alleged incapacitated person's attending or family physician is (give name, address and telephone number):

Petitioner requests that an examination be made as to the mental and physical condition of the alleged incapacitated person as provided by law, and that an order be entered determining the mental and physical capacity of said person.

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 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Attorney for Petitioner

Email Addresses:

\_\_\_\_\_  
\_\_\_\_\_

Florida Bar No. \_\_\_\_\_

\_\_\_\_\_  
(address)

Telephone: \_\_\_\_\_

[Print or Type Names Under All Signature Lines]