

IN THE FIFTH CIRCUIT COURT IN AND FOR HERNANDO COUNTY, FLORIDA

IN RE: THE GUARDIAN ADVOCATE OF

Case No.: _____

NOTICE OF HEARING

To: _____

Name

Address

Please take notice that on the ____ day of _____, 20____, at _____ a.m./p.m., or as soon thereafter as counsel can be heard, the undersigned will bring on to be heard the Petition for Appointment of Guardian Advocate of the Person before the Honorable Circuit Court Judge _____, in Chambers, Room _____, Hernando County Courthouse, 20 N. Main Street, Brooksville, Florida.

The hearing will be held to inquire into the capacity of the person with a developmental disability to exercise the rights enumerated in the enclosed Petition. The person with a developmental disability has the right to be represented by counsel of his or her own choice. The court will initially appoint counsel for the person with a developmental disability. If you fail to appear, judgment may be entered upon the Petition for Appointment of a Guardian Advocate of the Person. You are required to file written defense objections to the Petition on or before the date of the hearing, and you or your attorney may appear at the hearing on the Petition.

Please govern yourself accordingly.

DATED this _____ day of _____, 20_____

I HEREBY CERTIFY that a copy of the forgoing Notice of Hearing was _____ mailed, or hand delivered, to the above-named addresses on the aforementioned date.

Petitioner

Address

Phone Number