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

IN F	RE: THE GUARDIAN ADVOCATE OF	
		Case No.:
	NOTICE O	F HEARING
То:		
	Name	
	Address	
]	Please take notice that on the day of	, 20, at
a.m.	/p.m., or as soon thereafter as counsel can b	be heard, the undersigned will bring on to be
hear	d the Petition for Appointment of Guardian	Advocate of the Person before the Honorable
Circ	cuit Court Judge	, in Chambers,
Roo	om, Hernando Coun	ty Courthouse, 20 N. Main Street, Brooksville,
Flor	ida.	

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.

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at the Office of the Trial Court Administrator, Hernando County Courthouse, 20 North Main Street, Brooksville, Florida 34601, Telephone (352) 754-4402, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing impaired, call 711.

Please gover	n yourself accordingly.		
DATED this	day of	, 20	
I HEREBY CERTI	FY that a copy of the forgoing	Notice of Hearing was mailed, or _	
hand delivered, to t	he above-named addresses on	the aforementioned date.	
Petitioner			
Address			
Phone Num	ber		