

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR INDIAN RIVER COUNTY, FLORIDA

IN RE: The Guardianship of

CASE NO.:
CIRCUIT JUDGE MICHAEL LINN

An alleged incapacitated person.

_____ /

**NOTICE OF PETITION TO DETERMINE INCAPACITY
AND FOR APPOINTMENT OF GUARDIAN**

TO: _____

YOU ARE HEREBY NOTIFIED that Petitions have been filed to determine you to be incapacitated and to seek the appointment of a guardian over your person and/or property. Copies of the Petition to Determine Incapacity and the Petition for Appointment of Guardian are attached to this Notice. There will be a hearing to inquire into your capacity before the Honorable Michael Linn, a Judge of the above captioned court, on _____, _____ at _____ in Courtroom 7 at the Indian River County Courthouse, located at 2000 16th Ave, Vero Beach, FL 34960. The reason for this hearing is to inquire into your capacity and to determine whether a guardian will be appointed over your person, property, or both.

An attorney has been appointed to represent you. You have the right to attend this hearing and to present whatever evidence is appropriate. The following attorney has been appointed to represent you:

Name: _____
Florida Bar No. _____
Address: _____

Telephone: _____
E-Mail: _____

You have the right to substitute your own attorney for the court appointed attorney.

If the Court determines you are incapable of exercising certain rights enumerated in the Petition to Determine Incapacity, a guardian may be appointed to exercise those rights on your

behalf.

If a guardian is appointed, the guardian may have full or partial control of your real estate and personal property, may have the care and custody of your person, and may have the right to regulate certain or all of your activities.

Dated: _____.

MICHAEL LINN
CIRCUIT JUDGE

CERTIFICATE OF SERVICE BY CLERK

I HEREBY CERTIFY that a copy of this notice was served on counsel for the alleged incapacitated person, and all next of kin of the alleged incapacitated person identified in the Petition to Determine Incapacity by _____ on _____, _____.

NAME: _____
ADDRESS: _____

BY: _____
SIGNATURE