

Legal Guardianship for Adults with Disabilities Florida

Part I: Guardian Information

- Name: _____
- Address: _____
- Phone Number: _____

Part II: Ward's Profile

- Name of the Adult with Disabilities: _____
- Date of Birth: _____
- Nature of Disability: _____

Part III: Responsibilities

Areas of Responsibility (check all that apply):

- Medical Decisions
- Financial Decisions
 - Property Management

Part IV: Terms and Duration

- Effective Date: _____
- Duration: _____
- Special Conditions: _____

Part V: Confirmation

- I hereby declare that I am willing and able to assume legal guardianship and affirm that all information provided is true and accurate.

Signature: _____

Date: _____