IN THE CIRCUIT COURT

OF THE TWENTIETH JUDICIAL COURT

CHARLOTTE COUNTY, FLORIDA

PROBATE DIVISION

IN RE: THE GUARDIAN ADVOCATE OF

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

Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORDER APPOINTING ATTORNEY FOR THE PERSON**

**WITH A DEVELOPMENTAL DISABILITY**

FORM E

 These proceedings are of a kind where appointment of an attorney is either required by law of is desirable. It is therefore **ORDERED** that:

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of the Florida Bar, whose address, telephone number and E-mail address are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is hereby appointed as Attorney for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a person with a developmental disability.

2. A copy of this Order shall serve as authorization for the Attorney to inspect and abstract any of the records relating to the person with a developmental disability maintained by the Clerk of this Court, DHRS, any school, hospital, doctor, or other social or human services agency without the necessity of written consent by the parents. Any information received from such source shall be kept confidential. The Attorney shall not disclose the same except in written or oral reports to the Court or as otherwise authorized by the Court.

 3. The Petitioner shall provide the attorney named herein with copies of all pleadings, notices, and other documents filed in this action.

**COURT COSTS:**

In all proceedings under this section, no court costs shall be charged against the Agency for Persons with Disabilities.

 **DONE AND ORDERED**