**IN THE CIRCUIT COURT OF THE 20TH JUDICIAL CIRCUIT IN AND FOR**

**CHARLOTTE COUNTY, FLORIDA**

IN RE: ***RESPONDENT NAME HERE*** CASE NO.: ***CASE NUMBER HERE***

Respondent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**ORDER APPOINTING GUARDIAN ADVOCATE**

This matter came to be heard on the issue of whether the above-named person should be adjudicated incompetent to consent to treatment, and the Court finds by clear and convincing evidence as follows:

1. Said person has been represented by counsel.
2. Said person is not presently adjudicated incapacitated with a duly appointed guardian with authority to consent to treatment.
3. Said person meets the definition for being incompetent to consent to treatment pursuant to Section 394.455(15), Florida Statutes.

This finding is determined from the testimony of ***DOCTOR/WITNESS NAME HERE***. The court has considered testimony and other evidence regarding said person's competence to consent to treatment and based on such testimony and evidence has concluded that said person is not competent to consent to treatment.

On the basis of these findings, it is hereby, ORDERED

That the above-named person presently within the county, is incompetent to consent to treatment because his/her judgment is so affected by a mental illness that he/she lacks the capacity to make a well-reasoned, willful, and knowing decision concerning his or her medical and/or mental health treatment.

***ADVOCATE NAME HERE***, whose relationship to the person is: ***RELATIONSHIP HERE***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  | Health Care | | 2. |  | Person's Spouse | 3. |  | Person's Adult |  | Person's |
| Surrogate | | | |  |  |  |  |  | Child | Parent | |
| 5. |  | | Person's Adult | 6. |  | Person's Adult | 7. |  | Adult Trained and Willing to | | |
| Next of Kin | | | |  |  | Friend |  |  | Serve | | |

has agreed to serve as guardian advocate and:

* 1. Will obtain from the facility sufficient information in order to decide whether to give express and informed consent to the treatment, including information that the treatment is essential to the care of the person, and that the treatment does not present an unreasonable risk of serious, hazardous, or irreversible side effects.
  2. Has agreed to meet and talk to the person and the person's physician in person, if at all possible, and by telephone if not, before giving consent to treatment.
  3. Has or will undergo a training course approved by this Court prior to exercising this authority, unless waived by this Court.
  4. Will be provided access to the appropriate clinical records of the person.

This guardian advocate has been given authority by this Court to consent, refuse consent, or revoke consent for:

Mental Health Treatment  Medical Treatment

but may not consent to abortion, sterilization, electroconvulsive treatment, psychosurgery, or experimental treatments unless express Court approval in a separate proceeding is given.

**This appointment as Guardian Advocate shall terminate upon the discharge of the person from an order for involuntary outpatient placement or involuntary inpatient placement or the transfer of the person to voluntary status, or an order of the court restoring the person's competence.**

The facility will provide a copy of this order to the Respondent and/or Guardian Advocate.

Electronic Service List

Riverside Behavioral Center [<christopher.eliassen@bayfronthealth.com>](mailto:christopher.eliassen@bayfronthealth.com)