IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT

IN AND FOR CHARLOTTE COUNTY, FLORIDA

GUARDIANSHIP DIVISION

Case No.: Click or tap here to enter text.

Division: Probate/Guardianship

IN RE GUARDIANSHIP OF:

Click or tap here to enter text.

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

**ORDER REQUIRING DESIGNATION OF E-MAIL ADDRESS BY GUARDIAN(S)**

THIS CAUSE came before the Court upon the appointment of a guardian to the above-named Ward, and the Court being otherwise fully advised in the premises, now, therefore, the Court enters the following Order:

1. The Guardian is hereby Ordered to fully and truthfully complete and file the attached Designation by Guardian of Current Mailing and E-Mail Addresses within ten (10) days of the date of filing this Order.
2. When in the future, it is necessary for the Court to communicate with a Guardian directly, for example, to advise the Guardian of delinquent reports and accountings, the Court will use the designated E-mail address for that purpose.
3. The Guardian shall maintain with the Clerk via the Court file a current E-mail and U.S. mailing address at all times.
4. If the Guardian fails to update any changes in the E-mail and U.S. mailing address, the Guardian may not receive critical updates and orders of the Court, thereby placing the Guardian at jeopardy of violating an order of the Court.

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GUARDIANSHIP DIVISION

Case No.:

Division: Probate/Guardianship

IN RE GUARDIANSHIP OF:

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

**DESIGNATION BY GUARDIAN OF CURRENT MAILING**

**AND E-MAIL ADDRESS**

I, *{full legal name},* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that:

 **MAILING ADDRESS:**

My current mailing address is:

*{Street or Post Office Box}* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*{Apartment, lot, etc.}* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*{City},* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *{State},* \_\_\_\_\_\_\_\_\_\_\_\_\_, *{Zip}*\_\_\_\_\_\_\_\_\_\_\_\_\_*.*

*{Telephone No.}* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *{Fax No.}* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**E-MAIL ADDRESS:**

The following is/are my e-mail address(es) for purposes of serving and receiving documents:

Primary e-mail address:

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

Secondary e-mail address No.1:

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

Secondary e-mail address No. 2:

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

**I understand that I must keep the clerk’s office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this case will be served at the E-mail address(es) on record at the clerk’s office. I understand that my E-mail address will be used by the Court to serve me with important notices and orders concerning this case.**

I certify that a copy of this document was **[check all used]** ( ) e-mailed ( ) mailed ( ) faxed

( ) hand-delivered to the person(s) listed below on *{date}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.

**Other party or his/her attorney:**

Name:

Address:

City, State, Zip:

Telephone Number:

Fax Number:

E-mail Address(es):

**I HAVE READ EVERY STATEMENT MADE IN THIS DOCUMENT AND EACH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS DOCUMENT ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.**

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

 Date Signature of Guardian

Printed Name:

Address:

City, State, Zip:

Telephone Number:

Fax Number:

 Designated E-Mail Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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