

IN THE CIRCUIT COURT OF THE SEVENTEENTH
JUDICIAL CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

Administrative Order 2020-13-PR C

**ADMINISTRATIVE ORDER GOVERNING
PETITIONS TO DETERMINE INCAPACITY**

- (a) Pursuant to Article V, section 2(d) of the Florida Constitution, and section 43.26, Florida Statutes, the chief judge of each judicial circuit is charged with the authority and the power to do everything necessary to promote the prompt and efficient administration of justice.
- (b) Florida Rule of Judicial Administration 2.215(b)(3) states the chief judge “shall, considering available resources, ensure the efficient and proper administration of all courts within [this] circuit.”
- (c) The judges and general magistrates assigned to the Probate Divisions of the Seventeenth Judicial Circuit are required to consider and determine petitions for incapacity as to alleged incapacitated persons.
- (d) Pursuant to section 744.331, within five (5) days of the filing of a petition for determination of incapacity, the court must appoint a three member examining committee to evaluate the alleged incapacitated person, and each examining committee member must file his or her report with the court within fifteen (15) days after the date of appointment.
- (e) To assist the examining committee members with their ability to contact and evaluate the alleged incapacitated person in a timely manner, and to assure the efficient and expeditious processing of incapacity cases, the Circuit has determined that the inclusion of a “fact information sheet” as an attachment to petitions for incapacity is necessary.
- (f) In accordance with the authority vested in the chief judge by Article V, section 2(d) of the Florida Constitution, section 43.26, Florida Statutes, and Florida Rule of Judicial Administration 2.215, it is hereby **ORDERED**:
- (1) A “Fact Information Sheet”, attached hereto as Attachment “A”, shall be attached to all petitions to determine incapacity. The filing party shall complete as

much of the information as is known at the time of filing so as to assist the members of the examining committee to timely comply with their statutory obligations. The filing party may also provide such other information as he or she deems necessary to assist the members of the examining committee members with making contact with the alleged incapacitated person. The fact information sheet may be updated as required without further amendment to this Administrative Order.

This Administrative Order supersedes and vacates Administrative Order 2019-49-PRC.

DONE AND ORDERED in Chambers, Fort Lauderdale, Florida, this 3rd day of February, 2020.

/s/ Jack Tuter
Jack Tuter, Chief Judge

IN THE SEVENTEENTH JUDICIAL CIRCUIT IN AND FOR
BROWARD COUNTY, FLORIDA

In Re: Guardianship of

Case No.: _____
Judge: _____

FACT INFORMATION SHEET

PETITIONER INFORMATION

Full Legal Name: _____
Date of Birth: _____
Present Address: _____
Telephone Number (if known): _____
Relationship to Respondent: _____
Counsel for Petitioner (Name/Number/Email): _____

Does the Petitioner object to examining committee members performing remote evaluations of the alleged incapacitated individual?

YES _____ NO _____

RESPONDENT INFORMATION

Full Legal Name: _____
Date of Birth: _____
County of Residence: _____
Present Address (indicate if private residence, ALF, nursing facility, or hospital): _____

**Permitting visitors?* YES _____ NO _____

Telephone Number (if known): _____
Primary Spoken Language: _____
Attending/Family Physician (Name & Address, if known): _____

RESPONDENT'S NEXT OF KIN INFORMATION

Full Legal Name: _____
Date of Birth (minors only): _____
Present Address: _____
Telephone Number (if known): _____

Relationship to Respondent: _____

Full Legal Name: _____

Date of Birth (minors only): _____

Present Address: _____

Telephone Number (if known): _____

Relationship to Respondent: _____

Full Legal Name: _____

Date of Birth (minors only): _____

Present Address: _____

Telephone Number: _____

Relationship to Respondent: _____

UNDER PENALTY OF PERJURY, I SWEAR OF AFFIRM THAT I HAVE READ THE FOREGOING FACT INFORMATION SHEET AND THE FACTS STATED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Affiant's signature

Print name and address of Affiant

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___, by _____.

Notary Public or Deputy Clerk

___ Personally known

___ Produced identification

Print, Type or Stamp Commissioned
Name of Notary Public / Deputy Clerk

Type of identification: _____