

**IN THE CIRCUIT COURT IN AND
FOR XXXXXXXXXXXXXXXXXX COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: THE GUARDIANSHIP OF

(BENEFICIARY'S NAME)

UCN:

REF#

**PETITION FOR AUTHORIZATION TO ACT
TO ESTABLISH POOLED TRUST**

COMES NOW, (GUARDIAN'S NAME), as guardian of the person and property of (BENEFICIARY'S NAME), Incapacitated, by and through her undersigned counsel, and files this his/her Petition for Authorization to Act pursuant to Florida Statutes 744.441(19), and would show the court as follows:

1. That he/she is the duly appointing and acting guardian of the person and property of (BENEFICIARY), an incapacitated person, having authority over the Ward's property and income, by Order of this Court.
2. That the Guardian is requesting authorization to execute the joinder agreement and such other instruments to establish a pooled trust account for the Ward. A copy of the Advocates & Guardians for the Elderly & Disabled, Inc. Pooled Special Needs Trust (AGED Pooled Trust), and a draft joinder agreement accompanies this petition.
3. That (GUARDIAN'S NAME) is authorized under federal law to fund the AGED Pooled Trust account with the assets of the Ward.
4. That it is in the best interest of the Ward for the Ward's assets to be placed in the AGED Pooled Trust, such that the Ward can become financially eligible for the Medicaid program.

5. That the AGED Pooled Trust agrees to submit to the jurisdiction of the Court in this matter.

WHEREFORE, the Petitioner, (GUARDIAN'S NAME), as Guardian of the person and property of (BENEFICIARY'S NAME), Incapacitated, respectfully prays this Court enter an Order authorizing Guardian to execute the AGED Pooled Trust joinder agreement, and such other instruments to establish an AGED Pooled Trust account for the benefit of the Ward, and transfer a sufficient amount of the Ward's assets in the AGED Pooled Trust to enable the Ward to become financially eligible for Medicaid.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Executed this _____ day of _____, 2016.

(ATTORNEY INFORMATION)

**IN THE CIRCUIT COURT IN AND
FOR XXXXXXXXXXXXXXXXXXXX COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: THE GUARDIANSHIP OF UCN:
 WARD'S NAME REF:

_____ /

ORDER AUTHORIZING GUARDIAN TO ESTABLISH A POOLED TRUST

THIS CAUSE, came to be heard upon the Guardian, (**GUARDIAN'S NAME**), Petition for Authorization to Act, and the Court having reviewed the file in this cause and being otherwise fully advised, it is determined that:

The Court finds that it is in the best interest of the Ward that the Guardian deposit a portion of the Ward's assets of the Guardianship into the Advocates & Guardians for the Elderly & Disabled, Inc. Pooled Special Needs Trust (AGED Pooled Trust) and the Court authorizes the Guardian to contract with the non-profit Trustee which administers the AGED Pooled Trust.

ORDERED AND ADJUDGED that **GUARDIAN'S NAME**, as Guardian of the person and property of **WARD'S NAME**, Incapacitated, is hereby authorized to execute the necessary documents for joining, and to transfer a sufficient amount of the Ward's assets into, the AGED Pooled Trust, for the sole benefit of the Ward, such that the Ward can qualify for Medicaid. Additionally, upon acceptance of the Ward's funds, the Trustee of the AGED Pooled Trust shall submit to the Court's jurisdiction, and the Guardian shall include the AGED Pooled Trust account in subsequent annual guardianship accountings of the Ward's assets.

DONE AND ORDERED in _____, _____ County, Florida this
_____ day of _____, 2016.

CIRCUIT JUDGE