

**HILLSBOROUGH COUNTY AND CITY OF TAMPA
HEALTH, EDUCATION AND LIFE PLANNING (HELP) AFFIDAVIT**
Designating A Support Person Per Hillsborough County Ordinance No.14-32

INSTRUCTIONS:

Review the HELP Affidavit form and the Hillsborough County Ordinance No. 14-32 before signing the affidavit.

The Hillsborough County Official Records Department does not and will not provide legal advice. If you have any questions about this form, you should consult with an attorney.

1. Review the attached 3-page HELP Affidavit.
2. Type or print the information on the lines shown, except for those lines indicating signatures. This form is for two people who want to designate each other for the same rights. A separate form is needed for each person designating a HELP support person if the rights are not identical.
3. Have two witnesses and a notary present when you are ready to sign the affidavit. Witnesses must not be a blood relative or a spouse.
4. Have the notary witness your signature.
5. Have the witnesses sign after watching you sign the affidavit.
6. You may either mail the completed, notarized affidavit to Hillsborough County Clerk, Attn: Official Records, P.O. Box 3249, Tampa FL 33601 or bring the completed, notarized affidavit to any Hillsborough County Official Records Department location.
7. Go to the [Official Records Department Contacts page](#) for a list of all locations.)
8. A fee of \$50 per form is required. You may pay in person by cash, check, or credit card; or pay by check if mailing the document. Checks must be made payable to the Hillsborough County Clerk of the Circuit Court.
9. Once recorded, the original affidavit and an identification card will be returned to the address specified on the bottom of page 3 of the form. (The mailing address does not have to be a home address.)

Copies of the recorded affidavit will be viewable and printable from the [Hillsborough County Clerk of Circuit Court's website](#).

**HILLSBOROUGH COUNTY AND CITY OF TAMPA
HEALTH, EDUCATION AND LIFE PLANNING (HELP) AFFIDAVIT
Designating A Support Person Pursuant To Hillsborough County Ordinance No. 14-32**

We the undersigned co-affiants declare that we are at least 18 years old and competent to enter into contracts, and further declare and designate each other as our support person with the following rights, indicated by initialing the spaces below. (The same rights must be designated to each party.)

INITIALS OF CO-AFFIANTS

_____ _____ Health Care Surrogate, under Florida Statute Chapter 765. (By initialing this option, I understand that in the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I designate my above-named Support Person for healthcare decisions. I understand that this designation will permit my healthcare surrogate to make healthcare decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the costs of healthcare; and to authorize my admission to or transfer from a healthcare facility. I further affirm that this designation is being made on my own free will and is not being made as a condition of treatment or admission to a healthcare facility.)

_____ _____ Health Care Facility visitation rights

_____ _____ Correctional Facility visitation rights

_____ _____ Pre-need Guardian under Florida law

_____ _____ Legally authorized representative to make funeral/burial decisions under Chapters 406, 497 and 732 Florida Statutes, or as otherwise provided by law.

_____ _____ Access to educational records and involvement in the myriad of proceedings and decisions related to the education of a minor child who is my dependent

Below are the names of our dependents, whom we swear and affirm to be (1) our biological, adopted, or foster child(ren); or (2) our dependent(s) as defined under applicable Internal Revenue Service Regulation; or (3) our ward(s) as determined in a guardianship or other legal proceeding.

List of dependents Affiant 1:

List of dependents Affiant 2:

Person to be notified in the event of an emergency:

Affiant 1:

Name: _____

Address: _____

Phone (Optional): _____

Affiant 2:

Name: _____

Address: _____

Phone (Optional): _____

We understand that this HELP Affidavit, if recorded with the Hillsborough County Clerk of Circuit Court, is a public record under Florida law. **WE HOLD HILLSBOROUGH COUNTY AND THE HILLSBOROUGH COUNTY CLERK OF THE CIRCUIT COURT HARMLESS FROM ANY RECORDING, MISTAKES, OR DELAYS IN POSTING UP-TO-DATE INFORMATION IN THE OFFICIAL RECORDS OR TO THE ONLINE DATABASE.** We also understand and agree that we will notify the Hillsborough County Clerk, in writing, if either designation of the Support Person named above is no longer applicable.

DISCLAIMER

The Hillsborough County Board of County Commissioners directed the Clerk to the Board to create a Registry for recording a Hillsborough County Domestic Partnership Registration Affidavit and/or a Hillsborough County Health, Education and Life Planning (HELP) Affidavit, as provided in Hillsborough County Ordinance 14-32. The forms for these affidavits are being made available by Hillsborough County on the Clerk's website.

By making the forms available to the public as directed by the Hillsborough County Board of County Commissioners, the Clerk is performing a ministerial act and is neither giving legal advice nor providing legal services to any person who elects to use the forms and record them in the Registry. The Clerk is expressly prohibited from practicing law pursuant to section 28.215, Florida Statutes.

Many sections of the Florida Statutes regulate the decisions that will be made and incorporated into the affidavits. Before signing either affidavit and submitting it to the Clerk for recording in the Registry you should seek the advice of the legal counsel of your choice to advise you if recording either affidavit in the Registry meets the legal requirements of existing law, and particularly the requirements of Chapter 765, Florida Statutes regulating the procedure for choosing a health care surrogate; providing a sufficient advanced directive for life prolonging procedures in a living will; or making anatomical gifts. In addition, if you have an existing estate plan or you have signed a Durable Family Power of Attorney, your decision to record either affidavit may cause changes to existing directive or conditions that you provided in existing documents, including those that may be part of your estate plan. Before signing either affidavit or recording either affidavit in the Registry, you should seek the advice of legal counsel to understand all of the legal consequences of signing and recording either affidavit in the Registry.

BEFORE SIGNING THIS AFFIDAVIT WE ACKNOWLEDGE THAT WE HAVE READ THE DISCLAIMER PROVIDED BY THE CLERK. WE ACKNOWLEDGE TO THE CLERK THAT BY USING THIS FORM OF AFFIDAVIT, THE CLERK IS NOT PROVIDING ANY LEGAL ADVICE TO US AND THAT WE HAVE OBTAINED ADVICE FROM THE LEGAL COUNSEL OF OUR CHOICE OR WE HAVE HAD THE OPPORTUNITY TO DO SO BUT DECLINED TO SEEK SUCH LEGAL ADVICE.

Signed on

(Witnesses cannot be a spouse or blood relatives of applicants).

Signature of Co-Affiant 1

Signature of Witness 1

Printed Name

Printed Name of Witness 1

Date of Birth

Signature of Witness 2

Printed Name of Witness 2

Signature of Co-Affiant 2

Signature of Witness 1

Printed Name

Printed Name of Witness 1

Date of Birth

Signature of Witness 2

Printed Name of Witness 2

We swear or affirm under penalty of perjury that the statements and information provided on this form are true and accurate.

State of _____
County of _____

Sworn to and subscribed before me this the _____ day of _____ 20_____ by:

_____ and
_____ who are personally known to me _____ or produced identification _____.

Signature of Notary Public

(Seal)

If filing by mail, applicant must provide return address.

Name	
Mailing Address	
City, State, Zip	