

**ORANGE COUNTY HEALTH, EDUCATION AND LIFE PROTECTIONS (HELP) AFFIDAVIT
Designating A Support Person Per Orange County Code Chapter 22 Article V**

INSTRUCTIONS

You should review the 2-page HELP Affidavit and the Orange County Code Chapter 22 Article V (created by Ordinance #2012-09) before signing the document. The code is available by clicking on this link: [Orange County Chapter 22 Article V](#).

The Orange County Comptroller's 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 2-page HELP Affidavit which follows.
2. Type in information on the lines shown – except for those lines indicating signatures. A separate form is needed for each person designating a HELP support person; two people who want to designate each other will need to file two forms.
3. Under Section 695.26, F.S., a “prepared by” statement is required. This same space is used in other states as a “return to” statement. It is frequently combined on Florida documents. The address provided will be used to return the document. It needs to be a mailing address, but it does not need to be a home address.
4. Print the form.
5. Be sure to have two witnesses and a notary present when you are ready to sign the affidavit. One of the witnesses must not be a blood relative or a spouse.
6. Sign the document.
7. Have the notary witness your signature.
8. Have the witnesses sign that they watched you sign the affidavit. (The notary may be a witness, but must sign on the witness line, in addition to the notary lines.)
9. You may either bring the completed 2-page HELP Affidavit to the Orange County Comptroller's Official Records Department, 109 East Church Street, Suite 300, Orlando, FL 32801 or you may mail the completed affidavit to the Orange County Comptroller's Office, Attn: Official Records, PO Box 38, Orlando, FL 32802.
10. A recording fee of \$18.50 for each 2-page form is required. You may pay by cash, check, or credit card in person; or by check if mailing the document. Checks must be made payable to the Orange County Comptroller.
11. Once recorded and archived, the original of the form will be returned to whatever address you specified on the top left of page 1 of the form.

Copies of the recorded form will be viewable and printable from <http://or.occompt.com/recorder/web/>. After clicking the “I Accept” button, enter your name in the “either party” box (last name followed by first name with no punctuation between the two parts of the name). Uncheck the “document types” box. Select/click on “affidavit.” Then click on the word “Search.”

Prepared by and return to:	
Name	
Mailing Address	
City ST Zip	

**ORANGE COUNTY HEALTH, EDUCATION AND LIFE PROTECTIONS (“HELP”) AFFIDAVIT
Designating A Support Person Pursuant To Ordinance No. 2012-09**

I, _____ (insert full name) _____, the undersigned designating person/affiant, declare that I am at least 18 years old and competent to enter into contracts, and further declare and designate that my Support person shall be _____ (insert Support Person’s full name) _____, with the following rights, indicated by my checking or marking the box(es) below.

Health Care Surrogate, under Florida Statute Chapter 765

(If the above box is checked, it means 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

Person to be notified in the event of an emergency:

Address (Optional): _____

Phone (Optional): _____

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

List of dependents:

I understand that this HELP Affidavit, if recorded with the Orange County Comptroller, is a public record under Florida law. **I HOLD ORANGE COUNTY AND THE ORANGE COUNTY COMPTROLLER HARMLESS FROM ANY MISTAKES OR DELAYS IN POSTING UP-TO-DATE INFORMATION IN THE OFFICIAL RECORDS.** I also understand and agree that I will notify the Orange County Comptroller, in writing, if my designation of the Support Person named above is no longer applicable.

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

Signed on _____

Witnesses (one of whom is not a blood relative or spouse of designating person/affiant)

Signature of Designating Person/Affiant

Witness 1 Signature

Printed Name Designating Person/Affiant

Printed Name of Witness 1

Witness 2 Signature

Printed Name of Witness 2

NOTARIZATION

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

_____ who is personally known or produced _____ as identification.

Notary Signature and Seal