

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL
CIRCUIT IN AND FOR SEMINOLE COUNTY, FLORIDA.

CASE NO.: _____

IN RE: THE GUARDIAN ADVOCACY OF

Name of Person with a Developmental Disability

**ANNUAL GUARDIAN ADVOCACY PLAN
WITH PHYSICIAN'S REPORT
(Form L)**

Comes now _____, the Guardian Advocate of the Person of
_____ (Person with a Developmental Disability), and submits the
following Annual Guardian Advocacy Plan:

The Annual Guardian Advocacy Plan, for the period beginning _____ (Month)
_____ (Year) and ending _____ (Month) and _____ (Year), shall be as follows:

1. The following information is submitted concerning the residence of the person with a
developmental disability:

a. The person with a developmental disability's address at the time of filing this plan is:

b. During the prior twelve (12) months the person with a developmental disability has
resided at the following locations (names, addresses, and length of stay at each location):

<This space intentionally left blank>

c. The residential setting best suited for the current needs of the person with a developmental disability is as follows:

d. The Plan for the next twelve (12) months to ensure the person with a developmental disability is in the best residential setting to meet the person with a developmental disability's needs is as follows:

2. The following information is submitted concerning the medical and mental health conditions and treatment and rehabilitation needs of the person with a developmental disability:

a. Any professional medical treatment given to the person with a developmental disability during the prior twelve (12) months was as follows:

b. Attached is a report of a physician who examined the person with a developmental disability no more than ninety (90) days before the date this plan is filed. The report contains an evaluation of the person with a developmental disability's physical and mental condition.

c. The plan for providing medical, mental health and rehabilitative services in the next twelve (12) months is as follows:

3. The following information is submitted concerning the social condition of the person with a developmental disability:

a. The following is a summary of the social and personal services currently used by the person with a developmental disability:

b. The following is a statement of the social skills of the person with a developmental disability, including how well the person with a developmental disability communicates and maintains interpersonal relationships:

c. The following is a description of the social needs of the person with a developmental disability:

4. The following is a summary of activities during the preceding year designed to enhance the capacity of the person with a developmental disability:

5. Can any rights of the person with a developmental disability be restored? (Yes) or (No)
6. Will the Guardian seek restoration of any rights of the person with a developmental disability? (Yes) or (No)

Under penalties of perjury, I, Guardian Advocate, declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief, and that I provided a copy of this plan to the person with a developmental disability.

Dated this _____ day of _____, 20 ____.

Signature of Guardian Advocate

Printed Name of Guardian Advocate

PHYSICIAN'S REPORT
(Form L)
(Required by Florida Statute §744.3675)

1. Name of Physician: _____
2. Address: _____
3. Name of Patient: _____
4. Date of Examination: _____
5. Purpose of Examination:
 - a. Regular Check-up: _____
 - b. Treatment: _____
6. Evaluation of person with a developmental disability's condition: (Specify mental and physical condition at time of examination)

7. Description of person with a developmental disability's capacity to live independently:

8. The person with a developmental disability (does) (does not) continue to need assistance of a Guardian.
9. Is the person with a developmental disability capable of being restored to capacity at this time? (Yes) or (No)
10. Date of this Report: _____
11. Signature of Physician completing this Report: _____