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

CASE NO.: _____

IN RE: THE GUARDIANSHIP OF

_____
Name of Person with a Developmental Disability

ANNUAL GUARDIANSHIP PLAN

Comes now _____, the _____ of

_____ (Ward), and submits the following Annual Guardianship Plan:

The Annual Guardianship Plan, for the period beginning _____ (Month)

_____ (Year) and ending _____ (Month) _____ (Year), shall be as follows:

1. The following information is submitted concerning the residence of the Ward:

a. The Ward's address at the time of filing this plan is:

_____

_____

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

_____

_____

_____

_____

_____

c. The residential setting best suited for the current needs of the Ward is as follows:

_____

_____

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

_____

_____

_____

_____

e. If applicable, list any preexisting orders not to resuscitate or preexisting advanced directives, the date an order or directive was signed, whether such order or directive has been suspended by the court, and a description of the steps taken to identify and locate the preexisting order not to resuscitate or advanced directive:

_____

_____

_____

_____

f. Have you received any payment or other benefit from any source for services rendered to or on behalf of the ward directly or indirectly, overtly or covertly, or in cash or in kind? YES or NO. If YES, please explain:

_____

_____

_____

2. The following information is submitted concerning the medical and mental health conditions and treatment and rehabilitation needs of the Ward:

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

_____

_____

_____

_____

    b. **Attached is a report of a physician who examined the Ward no more than ninety (90) days before the date this plan is filed. The report contains an evaluation of the Ward'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 Ward:

_____

_____

_____

_____

a. The following is a summary of the social and personal services currently used by the Ward:

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

c. The following is a description of the social needs of the Ward:

4. The following is a summary of activities during the preceding year designed to enhance the capacity of the Ward:

5. Can any rights of the Ward be restored? Yes No

6. Will the Guardian seek restoration of any rights of the Ward? Yes No

Under penalties of perjury, I, guardian, 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 Ward.

Dated this _____ day of _____,20___.

_____
Signature of Guardian Advocate

_____
Printed Name of Guardian Advocate

PHYSICIAN'S REPORT

(Required by Florida Statutes Section 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 Wards Condition: (Specify mental and physical condition at time of examination)

    _____

    _____

    _____
7. Description of Ward's capacity to live independently: _____
8. The Ward (does) (does not) continue to need assistance of a Guardian.
9. Is the Ward capable of being restored to capacity at this time? (Yes) (No)
10. Date of this Report: _____
11. Signature of Physician completing this Report: _____