

(d) Annual Guardianship Plan for Adult.

In the Circuit Court of the
_____ Judicial Circuit,
in and for _____
County, Florida

Probate Division
Case No. _____

In Re: Guardianship of

Respondent's Name
Person with Developmental
Disability

ANNUAL GUARDIANSHIP PLAN OF GUARDIAN/
GUARDIAN ADVOCATE OF THE PERSON

.....(Guardian's name)....., the guardian of the person/guardian advocate of(ward's the ward, submits the following annual plan for the period beginning(beginning ending(ending date).....

1. The ward's address at the time of filing this plan is: _____

2. During the prior 12 months, the ward resided or was maintained at (include dates, names, addresses, and length of stay at each location):

<u>Date</u>	<u>Name</u>	<u>Address</u>	<u>Length of stay</u>

3. The residential setting best suited for the current needs of the ward is (Check one):

a. group home;

b. assisted living;

c. nursing home;

d. live with parents;

e. at ward's private residence; or

f. other: _____

4. Plans for ensuring that the ward is in the best residential setting to meet the ward's needs during the coming year are as follows: _____

5. The following is a list of any medical treatment given to the ward during the preceding year:

<u>Date</u>	<u>Provider</u>	<u>Treatment provided</u>

6. Attached is a report of a physician who examined the ward no more than 90 days before the end of the report period, including that physician's evaluation of the ward's condition and a statement of the current level of capacity of the ward.

7. The plan for provision of medical, dental, mental health, and rehabilitative services (for example, occupational therapy, physical therapy, speech therapy, applied behavioral analysis) in the coming year is:

<u>Date</u>	<u>Provider</u>	<u>Service provided</u>

8. The following information is submitted concerning the social condition of the ward:

a. The ward is currently using the following social and personal services (include name, services rendered, and address of each provider), including any groups the ward is participating in:

<u>Date</u>	<u>Provider</u>	<u>Service provided</u>

b. The following is a statement of the social skills of the ward, including how well the ward maintains interpersonal relationships with others: _____

c. The following is a description of the social needs of the ward, if any: _____

9. The following is a summary of activities during the preceding year designed to increase the capacity of the ward, including involvement in groups or group activities: _____

10. Is the ward now capable of having some or all of the ward's rights restored?

() If yes, identify the rights that should be restored: _____

11. Do you plan to seek the restoration of any rights to the ward?

() If yes, identify the rights that you are seeking to be restored: _____

12. This plan _____ has or _____ has not been reviewed with the ward.

(Please use additional sheets where necessary)

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

Signed on(date).....

[A certificate of service is required unless ward has been declared totally incapacitated.]

[I certify that the foregoing document has been furnished to

by(e-mail) (delivery) (mail) (fax)..... on

.....(date).....]

Guardian's Signature
Guardian's Printed _____
Name: Guardian's _____
Address: _____
Guardian's Phone Number: _____
Guardian's E-mail Address: _____

If the guardian is represented by counsel, the attorney must comply with Florida Rule of Judicial Administration 2.515 (every document of a party represented by an attorney shall be signed by at least one attorney of record).