

IN THE CIRCUIT COURT OF THE
FOR COUNTY, FLORIDA

JUDICIAL CIRCUIT IN AND

In Re: The Guardianship of

Ward.
_____ /

Case No. _____

**ANNUAL GUARDIANSHIP PLAN
OF GUARDIAN ADVOCATE OF PERSON
(Adult Ward)**

_____, the guardian advocate of the person of _____
(the Ward), submits the following plan as the Annual Guardianship Report of this guardian:

The Annual Guardianship Plan for the period beginning _____, and ending
_____, shall be as follows:

1. The Ward's permanent address at the time of filing this plan is

2. During the preceding year, the Ward was maintained at (include dates, names, addresses and length of stay at each place):

Location	Dates	Length of Stay
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The current residential setting is best suited for the current needs of the Ward.
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 description of the Ward's medical, mental health and rehabilitation needs:

6. The following preexisting orders not to resuscitate executed under Fla. Stat. §401.45(3) and preexisting advance directives, as defined in Fla. Stat. §765.101, have been identified and located:

The following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

<u>Date of Order / Directive</u>	<u>Description of Order / Directive</u>	<u>Suspended by Court?</u>
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7. The following is a description of professional medical treatment given to the Ward during the preceding year:

Name of Physician	Treatment	Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

8. Attached is a report of a physician who examined the Ward no more than ninety (90) days before the beginning of the report period, containing an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

9. The Plan for providing medical, mental health and rehabilitative services in the coming year is as follows:

10. The following information is submitted concerning the social condition of the Ward:

- a. The social and personal services currently used by the Ward are as follows:

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:

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

12. The Ward [is / is not] now capable of having some or all of the Ward's rights restored. If so, the rights that should be restored are identified as follows:

- _____ (a) To marry
- _____ (b) To vote
- _____ (c) To travel
- _____ (d) To have a driver license
- _____ (e) To seek or retain employment
- _____ (f) To personally apply for government benefits
- _____ (g) To contract
- _____ (h) To sue and defend lawsuits
- _____ (i) To manage property or to make gifts or disposition of property
- _____ (j) To determine ward's residence
- _____ (k) To consent to medical and mental health treatment
- _____ (l) To make decisions about the Ward's social environment or other social aspects of the Ward's life

13. I/we [do / do not] not plan to seek the restoration of any rights to the Ward.
14. This plan [has / has not] been reviewed with the Ward to the extent possible.
15. The guardian advocate(s) [have / have not] received the following remuneration for services rendered to or on behalf of the Ward:

Description	Amount
_____	_____
_____	_____
_____	_____

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

Signed on _____.

_____, Guardian
Printed Name: _____
Address: _____

Telephone: _____

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
_____ COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF _____

CASE NO. _____
PROBATE DIVISION

PHYSICIAN'S REPORT – ADULT WARD
(Required by Florida Statutes, Section 744.3675)

1. Name of Physician: _____
Address: _____

2. Name of Ward: _____
3. Date of Examination: _____
4. Purpose of Examination:
 - A. Regular checkup _____
 - B. Treatment for _____
5. Evaluation of Ward's condition: (Specify mental and physical condition at time of examination) _____

6. Description of Ward's capacity to live independently: _____

7. The Ward (does) (does not) continue to need assistance of a guardian.
8. Is the Ward capable of being restored to capacity at this time? (Yes) (No)
9. Date of this report: _____
10. Signature of physician completing this report: _____