

IN THE CIRCUIT COURT OF THE
TWENTIETH JUDICIAL CIRCUIT
IN AND FOR LEE COUNTY, FLORIDA.

IN RE: THE GUARDIAN ADVOCACY OF

Case No.: _____

Name of Person with a Developmental Disability

INITIAL PLAN OF GUARDIAN ADVOCATE OF THE PERSON

(Form I)

_____, the Guardian Advocate of the Ward,

(the person with a developmental disability),
submits the following plan as the Initial Guardian Advocate Report of this Guardian:

During the period beginning _____, the month the Guardian Advocate is appointed, and ending twelve months thereafter, the Guardian Advocate proposes the following plan for the benefit of the person with a developmental disability, which is based upon the Order Appointing a Guardian Advocate:

1. The medical, mental or care services to be provided for the welfare of the Ward will be:

2. The social and personal services to be provided for the welfare of the Ward will be:

3. The kind of residential setting best suited for the needs of the Ward is:

4. The health and accident insurance and any other private or governmental benefits to which the Ward may be entitled to meet any part of the costs of medical, mental health or related services provided to the Ward is:

5. The physical and mental examinations necessary to determine the Ward's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations are:

The Guardian Advocate attests that the Guardian Advocate has consulted with the Ward and, to the extent reasonable, honored the Ward's wishes consistent with the rights retained by the Ward under the plan.

To the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.

Copies furnished to:

- *Court Appointed Attorney*
- *Next of Kin of the person with a developmental disability, if any*

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 this _____ day of _____, 20____.

Signature of Guardian Advocate

Printed Name of Guardian Advocate

Address of Applicant

Phone Number of Applicant