

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

ANNUAL GUARDIAN ADVOCACY REPORT
ANNUAL PLAN OF GUARDIAN ADVOCATE OF PERSON
(Form J)

Comes now, _____, the Guardian Advocate of the Person of _____, name of person with a developmental disability, and submits the following plan as the Annual Guardian Advocacy Report of this Guardian Advocate.

The Annual Guardian Advocacy Plan for the period beginning, _____, 20__ and ending, _____, 20__ 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 residing at the following locations *(include the 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:

2. The following information is submitted concerning the medical and mental health conditions, 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, including that physician's evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.**

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

3. The following information 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 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 Advocate seek restoration of any rights of the Ward? Yes No

Under the penalties of perjury, I as Guardian Advocate, declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief and I, as Guardian Advocate, provided a copy of this Annual Guardian Advocacy Report to the Ward.

Signed on this _____ day of _____, 20__.

Signature of Guardian Advocate

Printed Name of Guardian Advocate

Address of Applicant

Phone Number of Applicant