

IN RE: Guardianship of Minor Ward Case No. _____

ANNUAL GUARDIANSHIP PLAN FOR MINOR

_____, the guardian of the person of _____, submits
(Guardian's Name) (Ward's Name)

the following annual plan for the period beginning on _____ and ending on _____
(Beginning Date)

_____.
(Ending Date)

1. The ward's address at the time of filing this plan is _____. During the prior 12 months, the ward resided at (include dates, names, addresses, and length of stay at each location):

Date	Name	Address	Length of Stay

2. List any professional treatment (medical or dental) given to the ward during the prior 12 months:

Date	Provider	Treatment Provided

3. A report from the physician who examined the ward no more than 180 days before the beginning of the applicable reporting period that contains an evaluation of the ward's physical mental conditions has been filed with this plan. [See subdivision (e) of this rule for a format for a [physician's report]

4. The plan for providing medical or dental services in the coming year: _____

5. A summary of the ward's school progress report: _____

6. A description of the ward's social development, including how well the ward communicates and maintains interpersonal relationships: _____

7. The social needs of the ward are: _____

8. Consulting with ward (Check one):

a. The ward is under age 14:

OR

b. The guardian attests that the guardian has consulted with the ward (if ward is 14 years of age or older) and, to the extent reasonable, honored the ward's wishes consistent with the rights retained by the ward under the plan, and to the maximum extent reasonable, the plan is in accordance with the wishes of the ward.

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.

(A certificate of service is required if ward is 14 years of age or older)

I certify that the foregoing document has been furnished to _____

_____ (name, address used for service, mailing address, and email address) by email hand delivery mail fax

Signed on this _____ day of _____, 20____. Signed on this _____ day of _____, 20____.

Signature of Co-Guardian

Signature of Co-Guardian

Printed Name of Co-Guardian

Printed Name of Co-Guardian

Address

Address

City, State and Zip

City, State and Zip

Phone number

Phone number

Email Address

Email Address