

IN RE: Guardianship of

Case No. _____

Respondent's Name Person with Developmental Disability

ANNUAL GUARDIANSHIP PLAN OF GUARDIAN / GUARDIAN ADVOCATE OF THE PERSON

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

the ward, submits the following plan for the period beginning _____ and ending on
(Beginning Date)

_____, the guardian proposes the following plan for the benefit of the ward.
(Ending Date)

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

Date	Name	Address	Length of Stay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

Date	Provider	Treatment provided

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:

Date	Provider	Service provided

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:

Date	Provider	Service provided

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?
 Yes or No If yes, identify the rights that should be restored: _____

11. Do you plan to seek the restoration of any rights to the ward?
 Yes or No If yes, identify the rights that you are seeking to be restored: _____

12. This plan has or has not been reviewed with 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 or 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

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).