

IN RE: Guardianship of

Case No. _____

Respondent's Name Person with Developmental Disability

INITIAL GUARDIANSHIP PLAN
(Initial Report of Guardian / Guardian Advocate)

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

the ward, submits the following initial plan:

During the period beginning _____ and ending on _____,
(Beginning Date) (Ending Date)
the guardian proposes the following plan for the benefit of the ward.

1. The medical, mental, or personal care services for the welfare of the ward that will be provided during the upcoming year are:

| Provider | Type of Service to be Provided |
|----------|--------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. The social and personal services to be provided for the welfare of the ward during the upcoming year are: _____

3. The place and kind of residential setting best suited for the needs of the ward is: _____

4. Describe 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: _____

5. The physical and / or mental examinations necessary to determine the ward's medical, and mental health treatment needs are: _____
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6. The guardian/guardian advocate hereby attests that the guardian / 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, and to the maximum extent reasonable, the plan is in accordance with the wishes of the ward.
7. This initial plan does not restrict the physical liberty of the ward more than is reasonably necessary to protect the ward from serious physical injury, illness, or disease and provides the ward with medical care and mental health treatment for the ward's physical and mental health.

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 has been declared totally incapacitated.)

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

Printed Name of Co-Guardian

Address

City, State and Zip

Phone number

Email Address

Signature of Co-Guardian

Printed Name of Co-Guardian

Address

City, State and Zip

Phone number

Email Address