

IN RE: Guardianship of Minor Ward Case No. _____

INITIAL 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 _____

2. The medical, dental, 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

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

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

5. The physical and/or mental examinations necessary to determine the ward's medical, dental, and mental health treatment needs are: _____

6. Education of the ward:

Name and address of the school the ward will attend: _____

Grade level of ward: _____

Description of classes the ward will attend: _____

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.

7. The 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 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