

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

IN RE: Guardianship/Guardian Advocacy 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 _____, (ward) submits the following
annual plan for the period beginning _____ ending _____.

1. The ward's address at the time of filing this plan is:

2. During the prior twelve (12) months, the ward resided or was maintained at (include 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:

- | | |
|------------------------|------------------------------------|
| ___ a. Group home | ___ d. Live with parents, |
| ___ b. Assisted living | ___ e. at ward's private residence |
| ___ c. Nursing home | ___ 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? _____.
If yes, identify the rights that should be restored _____

11. Do you plan to seek the restoration of any rights to the ward? _____.
If yes, identify the rights that you are seeking to be restored: _____

12. This plan _____ has or _____ has not been reviewed with the ward.

(Please use additional sheets where necessary)

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on _____

[A certificate of service is required unless ward has been declared totally incapacitated.]

[I certify that the foregoing document has been furnished to _____

by __ e-mail __ delivery __ mail __ fax on _____.]

Guardian's/Guardian Advocate's Signature

Guardian's/Guardian Advocate's Printed Name

Guardian's/Guardian Advocate's Address

Guardian's/Guardian Advocate's City/St/Zip

Guardian's/Guardian Advocate's Phone Number

Guardian's/Guardian Advocate's 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).