				JUD COLINT		
		IN AND I OI	PROBATE	COUNTY E DIVISION	I, I LONIDA	
N RE: Gua	rdianship	of		CASE NO.:		
Minor	Ward.		·			
		ANI	NUAL GUARDIANS	SHIP PLAN FOR MIN	OR	
				, the gu	ardian of the person of	
					lowing annual plan for the peri	
eginning	on		and endir	ng on	·	
1. Th	e ward's	address at the	time of filing this	plan is:		
-			During the	prior 12 months, th	ne ward resided at (include date	
names	, address	es and length	of stay at each loc	ation):		
Date	Nam	ne	Address		Length of stay	
2. Lis	t any prof	fessional treati	ment (medical or d	ental) given to the w	vard during the prior 12 months	
Date		Provider	Treatment provided			
3. A r	eport fro	m the physicia	an who examined	the ward no more th	nan 180 days before the	
be	ginning o	f the applicabl	le reporting period	I that contains an ev	aluation of the ward's physical	
an	d mental	conditions has	s been filed with tl	his plan.		
4. Th	e plan foi	r providing me	dical or dental ser	vices in the coming	year:	
5. As	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					
_	ed by the ward under the plan, and to the maximum extent reasonable, the plan is in accordance					
	ne wishes of the ward.					
	e use additional sheets if necessary)					
Un	ider penalties of perjury, I declare that I have completed and read the foregoing, and the facts that are true, to the best of my knowledge and belief.					
[A cert	ificate of service is required if ward is 14 years of age or older.]					
	fy that the foregoing document has been furnished on by by by					
	(name and mailing or e-mail address used for service)]					
Sig	ned on					
Gua	rdian's Signature					
Gua	rdian's Printed Name					
Gua	rdian's Address					
Gua	rdian's City/St/Zip					
Gua	rdian's Phone Number					
Gua	rdian's Email address					