

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 \_\_\_\_\_, the Ward, submits the following  
annual plan for the period beginning \_\_\_\_\_, and ending  
\_\_\_\_\_:

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

\_\_\_\_\_.

2. During the prior 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
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The current residential setting is best suited for the current needs of the Ward.

- a.  group home      c.  nursing home      e.  at ward's private residence; or  
b.  assisted living      d.  live with parents  
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
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 in which the ward is participating:

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.

13. The following is a list of preexisting orders to not resuscitate, health car surrogate designation,

living will or anatomical gift.

#	Title	Date	Suspended by Court? (Yes or No)	Steps Taken to Locate any Preexisting Document
1.	_____			
2.	_____			
3.	_____			

14. I declare that I have received the following remuneration during the past fiscal year from any source for services rendered to or on behalf of the ward. Remuneration means any payment or other benefit made directly or indirectly, overtly or covertly, or in cash or in kind to the guardian:

\$\_\_\_\_\_ None-monetary remuneration \_\_\_\_\_

(Please use additional sheets if necessary.)

**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 unless ward has been declared totally incapacitated.]*

I certify that the foregoing document has been furnished by \_\_\_(e-mail) \_\_\_(delivery) \_\_\_(mail) on \_\_\_\_\_ to (name, address used for service (mailing, e-mail address):

Signed on \_\_\_\_\_  
Guardian's Signature \_\_\_\_\_  
Guardian's Printed Name: \_\_\_\_\_  
Guardian's Address: \_\_\_\_\_  
Guardian's Phone Number: \_\_\_\_\_  
Guardian's E-mail Address: \_\_\_\_\_