

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

IN RE: Guardianship of _____.

CASE NO.: _____

ANNUAL GUARDIANSHIP PLAN OF GUARDIAN/GUARDIAN ADVOCATE

_____, 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):

3. The residential setting best suited for the current needs of the ward is (Check 1):

- a. ☐ group home; c. ☐ nursing home; e. ☐ at ward's private
b. ☐ assisted living; d. ☐ live with parents; residence; or
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 beginning of the applicable reporting 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 in the in the coming year is:

Date	Provider	Service Provided

8. The following information is submitted concerning the social condition of the ward:

a. The warding is currently using the following social and personal services used by the Ward, including any groups in which the ward is participating:

Date	Provider/Address	Service Provided

b. The following is a statement of the social skills of the Ward, including how well the Ward maintains interpersonal relationships: _____

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 should be restored: _____

12. This plan ____ has/ ____ has not been reviewed with the Ward.

(Please use additional sheets where necessary)

13. The following is a list of preexisting orders not to resuscitate, health care surrogate designation, living will, or anatomical gift:

a. The Ward has no preexisting do not resuscitate order or advance directive.

b. The Ward has the following do not resuscitate orders and advance directives. Each is identified by title, date of execution and a statement as to whether each has been suspended by the court:

#	Title	Date	Suspended by Court? (Yes or No)	Steps Taken to Locate Preexisting Documents

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.

Signed on _____

Guardian's Signature

Guardian's Printed Name

Mailing Address

City, state, zip

Email

Telephone