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

3. The current residential setting is best suited for the current needs of the Ward.
   a. (__) group home
   b. (__) assisted living
   c. (__) nursing home
   d. (__) live with parents
   e. (__) at ward's private 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 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.				

(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: _____