

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: Guardian Advocacy of

CASE NO.: _____

_____,
Respondent's Name/
Person with Developmental Disability

INITIAL GUARDIANSHIP PLAN
(Initial Report of Guardian/Guardian Advocate)

_____, the guardian of the person/guardian advocate of
_____, the ward, submits the following initial plan:

During the period beginning _____ (date letters issued), and ending on
_____, the guardian proposes the following plan for the benefit of the ward.

1. The medical, mental, or personal care services for the welfare of the ward that will be provided during the upcoming year are:

Provider	Type of Service to be Provided

2. The social and personal services to be provided for the welfare of the ward during the upcoming year are: _____

3. The place and kind of residential setting best suited for the needs of the ward is: _____

4. Describe the health and accident insurance and any other private or governmental benefits to which the ward may be entitled to meet any part of the costs of medical, mental health, or related services provided to the ward:

5. The physical and mental examinations necessary to determine the ward's medical, and mental health treatment needs are: _____

6. The guardian/guardian advocate hereby attests that the guardian/guardian advocate has consulted with the ward and, to the extent reasonable, honored the ward's wishes consistent with the rights retained by the ward under the plan, and to the maximum extent reasonable, the plan is in accordance with the wishes of the ward.

7. This initial plan does not restrict the physical liberty of the ward more than is reasonably necessary to protect the ward from serious physical injury, illness, or disease and provides the ward with medical care and mental health treatment for the ward's physical and mental health.

8. The following is a list of preexisting orders not to resuscitate, health care surrogate decision, 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: _____