

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

IN RE: Guardianship of

CASE NO: _____

_____ /

_____ /

ANNUAL GUARDIANSHIP PLAN – ADULT

(Report of Guardianship of the Person)

_____, the Guardian of the person
of _____, the Ward, submits the following
plan as the annual report of this Guardian:

The Annual Plan for the period beginning _____, 20_____, and ending,
_____, 20 _____, shall be as follows:

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

2. During the prior twelve (12) months, the Ward resided 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 as follows:

4. The plan for the next twelve (12) months to ensure the Ward is in the best residential setting to meet the Ward,s needs is as follows:

5. List any professional medical treatment given to the Ward during the prior twelve (12) months:

6. Attached is a report of a physician who examined the Ward no more than ninety (90) days before the beginning 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 providing for medical, mental health and rehabilitative services in the next twelve months is as follows:

8. The Ward is currently using the following social and personal services (include name, services rendered and address of each provider):

9. The following is a statement of the social skills of the Ward, including how well the Ward communicating and maintains interpersonal relationships:

10. The following is a description of the unmet social needs of the Ward, if any:

11. During the prior twelve month period, the following activities were undertaken in an effort to enhance the capacity of the Ward:

12. Is the Ward now capable of having some or all of the Ward's rights restored?
_____ . If so, identify the rights that should be restored.

13. Do you plan to seek the restoration of any rights of the Ward? _____

14. This plan _____ has or _____ has not been reviewed with the Ward.

Under the 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.

Executed on _____, 20 _____

Guardian's Signature _____

Guardians Printed Name _____

Guardians Address _____

Guardian's Phone Number _____

(Please use additional sheets where necessary)