

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

IN RE: THE GUARDIANSHIP OF

FILE NO.: _____

_____ /

ANNUAL PLAN FOR MINOR
(Required by § 744.3675, Fla. Stat.)

The guardian(s) of the person _____
of the Minor/Ward _____, who presently resides at the following
address: _____,
come/s now and submit/s the Annual Guardianship Plan for the reporting period beginning on
_____ and ending on _____, as follows:

1. During the preceding year, the minor/ward has resided at the address(es) listed
below for the period of time indicated: *(please write N/A in the space if the ward has been only
at the address listed above)* _____; or list the previous locations below: _____

2. The plan for provision of medical and social services in the coming year for the
ward is as follows: _____

3. The social skills of the ward are described as: *(please indicate how well the ward communicates and maintains interpersonal relationships and whether these behaviors are age appropriate to the best of your knowledge)*: _____

4. The above described social skills are being enhanced by what programs or educational initiatives *(if not applicable then so state)*: _____

5. A summary of the school progress report and extracurricular activities: _____

7. By initialing this section, you acknowledge that:

(a) You have attached a resume of any professional medical treatment given to the minor during the proceeding year or check N/A _____ if not applicable; **and**

(b) You have had the minor examined by a physician no more than 180 days before the beginning of the applicable reporting period, that the report contains an evaluation of the minor's physical and mental conditions, and that the physician's report has been filed along with the annual plan as required by Florida Statute.

Initial here: _____

8. For a minor/ward who is 14 years of age or older, the guardian/s attest that the minor/ward has been consulted and the wishes of the minor/ward have been honored as is practicable. *Guardian/s initial here:* _____

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed and dated this ____ day of _____, 20____ by the guardian/s of the person:

(Signature of Guardian)

(Signature of Co-Guardian if applicable)

(Address)

(Address)

(Phone #)

(Phone #)

Attorney for Guardian/s, if applicable:

Name: _____

Fla. Bar # _____

Address: _____

Phone # _____

Note to the Guardian:

If you do not know the actual reporting period for which the report is due, please contact the Clerk of Court for calendar period.