

IN THE CIRCUIT COURT OF THE  
FOR COUNTY, FLORIDA

JUDICIAL CIRCUIT IN AND

In Re: The Guardianship of

\_\_\_\_\_,  
Ward. \_\_\_\_\_  
/

Case No. \_\_\_\_\_

**ANNUAL GUARDIANSHIP PLAN  
OF GUARDIAN/GUARDIAN ADVOCATE(S) OF PERSON  
(Adult Ward)**

\_\_\_\_\_, the guardian advocate of the person of \_\_\_\_\_  
(the Ward), submits the following plan as the Annual Guardianship Report of this guardian:

The Annual Guardianship Plan for the period beginning \_\_\_\_\_, and ending  
\_\_\_\_\_, shall be as follows:

1. The Ward's permanent address at the time of filing this plan is  
\_\_\_\_\_

2. During the preceding year, the Ward was maintained at (include dates, names, addresses and length of stay at each place):

Location	Dates	Length of Stay
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The current residential setting is best suited for the current needs of the Ward.

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 description of the Ward's medical, mental health and rehabilitation needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The following preexisting orders not to resuscitate executed under Fla. Stat. §401.45(3) and preexisting advance directives, as defined in Fla. Stat. §765.101, have been identified and located:

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The following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

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<u>Date of Order / Directive</u>	<u>Description of Order / Directive</u>	<u>Suspended by Court?</u>
_____	_____	_____

7. The following is a description of professional medical treatment given to the Ward during the preceding year:

Name of Physician	Treatment	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Attached is a report of a physician who examined the Ward no more than ninety (90) days before the beginning of the report period, containing an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

9. The Plan for providing medical, mental health and rehabilitative services in the coming year is as follows:

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10. The following information is submitted concerning the social condition of the Ward:

a. The social and personal services currently used by the Ward are as follows:

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

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c. The following is a description of the social needs of the Ward:

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11. The following is a summary of activities during the preceding year that were designed to enhance the capacity of the Ward:

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12. The Ward is not now capable of having some or all of the Ward's rights restored. If so, the rights that should be restored are identified as follows:

Note: You would check these boxes if you wanted to change the current order.

<input type="checkbox"/>	(a)	To marry
<input type="checkbox"/>	(b)	To vote
<input type="checkbox"/>	(c)	To travel
<input type="checkbox"/>	(d)	To have a driver license
<input type="checkbox"/>	(e)	To seek or retain employment
<input type="checkbox"/>	(f)	To personally apply for government benefits
<input type="checkbox"/>	(g)	To contract
<input type="checkbox"/>	(h)	To sue and defend lawsuits
<input type="checkbox"/>	(i)	To manage property or to make gifts or disposition of property
<input type="checkbox"/>	(j)	To determine ward's residence
<input type="checkbox"/>	(k)	To consent to medical and mental health treatment
<input type="checkbox"/>	(l)	To make decisions about the Ward's social environment or other social aspects of the Ward's life

13. I/we do not plan to seek the restoration of any rights to the Ward.
14. This plan has been reviewed with the Ward to the extent possible.
15. The guardian advocate(s) have not received the following remuneration (payment) for services rendered to or on behalf of the Ward:

Description	Amount

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 on \_\_\_\_\_.

\_\_\_\_\_, Guardian  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

If there is a Co-Guardian, sign here, if not leave blank

\_\_\_\_\_, Guardian  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

\*\*\* If this is a traditional  
Guardianship, you would need an Attorney's signature.

\_\_\_\_\_  
Attorney signature above  
Print attorney name here:

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
\_\_\_\_\_ COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF \_\_\_\_\_ CASE NO. \_\_\_\_\_  
PROBATE DIVISION

PHYSICIAN'S REPORT – ADULT WARD  
(Required by Florida Statutes, Section 744.3675)

1. Name of Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
2. Name of Ward: \_\_\_\_\_
3. Date of Examination: Ongoing as needed. \_\_\_\_\_
4. Purpose of Examination: (If needed) \_\_\_\_\_
  - A. Regular checkup \_\_\_\_\_
  - B. Treatment for \_\_\_\_\_
5. Evaluation of Ward's condition: (Specify mental and physical condition at time of examination) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Description of Ward's capacity to live independently: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The Ward (does) (does not) continue to need assistance of a guardian.
8. Is the Ward capable of being restored to capacity at this time? (Yes) (No)
9. Date of this report: \_\_\_\_\_
10. Signature of physician completing this report: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT IN AND FOR  
\_\_\_\_\_ COUNTY, FLORIDA PROBATE DIVISION

In Re: The Guardianship/Advocacy of

\_\_\_\_\_  
Ward.

Case No. \_\_\_\_\_  
\_\_\_\_\_  
/

**ORDER APPROVING ANNUAL PLAN OF GUARDIAN**

The Court has reviewed the *Revised Annual Plan of Guardian* filed on \_\_\_\_\_, and the Clerk's report thereon filed accordingly. The Court finds the *Annual Plan of Guardian* for the year beginning \_\_\_\_\_ and ending \_\_\_\_\_,

- a) Meets the needs of the Ward;
- b) Authorizes the guardian to act in the best interests of the ward,
- c) Conforms to all requirements of the Florida Statutes; and
- d) Does not seek or provide for additional authority to be delegated to the guardian which has not heretofore been granted after a hearing, as provided for in Section 744.331, Florida Statutes.

It therefore is

ADJUDGED that the *Annual Plan of Guardian* is approved and constitutes the authority for the guardian to act in the forthcoming year, and the guardian's powers are limited as set forth therein. Any Court-Appointed Attorneys are hereby discharged and relieved from further obligation in the above-captioned matter.

Honorable Judge \_\_\_\_\_  
Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Dear Judge \_\_\_\_\_

Attached please find an order approving the annual report on the above-referenced case. If same meets with your approval, I respectfully request that you please sign.

Thank you.

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