

**IN THE CIRCUIT COURT-\_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF \_\_\_\_\_ Case No.: \_\_\_\_\_

*Name of Person with a Developmental Disability*

**APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE**

Pursuant to Florida Statute Section 393.12, the Applicant, (name of Guardian Advocate) \_\_\_\_\_ submits this Application for Appointment as Guardian Advocate of \_\_\_\_\_, the Ward (the person with a developmental disability) and the following information:

*(Please provide the following information regarding the Guardian Advocate)*

1. Name of Applicant: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_
2. Name of Co-Guardian: (of none, ~~rgcxg'drcpm~~) \_\_\_\_\_
3. Applicant's Relationship to Ward: \_\_\_\_\_
4. Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. U.S. Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_
7. Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_
8. Applicant's Position: \_\_\_\_\_
9. Marital Status and Name of Spouse if any: \_\_\_\_\_
10. Home Telephone Number: \_\_\_\_\_
11. "Egm Telephone Number: "" \_\_\_\_\_

12. If currently serving as Guardian/ Guardian Advocate for any other Ward, list names of each Ward, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the Limited or Plenary Guardian or Guardian Advocate of the person or property or both of each ward:

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13. Does Applicant have any physical disabilities? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian advocate:

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14. Has Applicant ever been treated for the following:

- a. Mental Condition      Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Alcohol                      Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Drugs                          Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Other                          Yes \_\_\_\_\_ No \_\_\_\_\_

Nature of condition: \_\_\_\_\_

If "yes" was answered to any of the above, please state date, time, location of treatment and name of physician or profession involved:

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15. Has Applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Has Applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Has Applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date and complete details:

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18. Has Applicant ever been charged with, arrested for or convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details including date, type of offense, location and final disposition:

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19. Has Applicant ever been charged with, arrested for or convicted of any other crimes?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details including date, type of offense, location and final disposition:

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20. Has Applicant ever held a position which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe position, date, amount of bond and name of surety:

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21. Has Applicant, in the past, ever served as Guardian/ Guardian Advocate of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below, including reason for termination of fiduciary position:

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22. Has Applicant ever been held in contempt of court or removed as a Guardian/ Guardian Advocate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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23. Has Applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state date and location of court:

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24. What is Applicant's relationship to the person with a developmental disability?

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25. Is Applicant, or Applicant's business, corporation, or other business entity a creditor of, or providing professional, personal or business services to the person with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details below:

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26. Is Applicant employed by a business, corporation, or other business entity that is providing professional, personal or business service to the person with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details below:

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27. Is Applicant a health care provider for the person with a developmental disability?

Yes \_\_\_\_\_ No \_\_\_\_\_

28. Educational history of Applicant:

	Name and Address	Degree	Date
High School			
College/ University			
Other			

29. List Applicant's employment experience for the past 10 years beginning with the most recent dates:

Name and Address of the Employer	Date	Reason for Leaving

30. Does Applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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31. Has Applicant received instruction and training which covered the legal duties and responsibilities of Guardian/ Guardian Advocate, the rights of an incapacitated person or Ward, the availability of local resources to aid a Ward, and the preparation of habitual plans and annual Guardian Advocate Reports, including financial accounting for the Ward's property? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, indicate when and where training was received:

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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 this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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Signature of Applicant

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Printed Name of Applicant

City, State, Zip:

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Address of Applicant

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Phone Number of Applicant

**IN THE CIRCUIT COURT-.....JUDICIAL CIRCUIT  
# CPF HQT .....EQWPVI .HNQTFC**

IN RE: THE GUARDIAN ADVOCACY OF \_\_\_\_\_

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

*Name of Person with a Developmental Disability*

**NOTICE OF PETITION FOR THE APPOINTMENT OF GUARDIAN ADVOCATE**

TO: \_\_\_\_\_

*Name of Person with a Developmental Disability*

YOU ARE HEREBY NOTIFIED that a petition has been filed to determine your capacity and to seek the appointment of a guardian advocate over your person. A copy of the Petition for Appointment of Guardian Advocate is attached to this notice. There will be a hearing on the Petition for Appointment of Guardian Advocate before Judgeaaaaaaaaaaaaa at theaaaaaaaaaaaaaaaaaaaaa eqwtj qwgaaaaaaaaaaaaaaaaa," Florida, \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

The reason for this hearing is to inquire into your capacity and to determine whether a guardian advocate is to be appointed over your person.

You have the right to attend this hearing and to present whatever evidence is appropriate. An attorney has been appointed to represent you. The name, address and telephone number of the attorney are: \_\_\_\_\_

You have the right to substitute your own attorney for the attorney appointed by the Court.

If you are determined to be incapable of exercising any of the rights enumerated in the Petition for Appointment of Guardian Advocate, a Guardian Advocate may be appointed to exercise those rights on your behalf. If a Guardian Advocate is appointed, the Guardian Advocate may have the care and custody of your person, and may have the right to regulate certain or all of your activities.

Dated \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk of the Circuit Court

By \_\_\_\_\_  
Deputy Clerk

CERTIFICATE OF SERVICE BY CLERK

Copies furnished to:

- *Proposed Guardian Advocate*
- *Next of Kin of the person with a developmental disability, if any*
- *Health Care Surrogate designated by the person with a developmental disability pursuant to advanced directives, if any*
- *Agent appointed by the person with a developmental disability under Durable Power of Attorney, if any*

\_\_\_\_\_  
Clerk of the Circuit Court

By \_\_\_\_\_  
Deputy Clerk



IN THE CIRCUIT COURT FOR THE  
IN AND FOR

JUDICIAL CIRCUIT COUNTY,  
FLORIDA

IN RE: GUARDIANSHIP OF

Case Number:

\_\_\_\_\_ /

**NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING**

Pursuant to Florida Rules of Judicial Administration 2.420(d)(2), I hereby certify:  
I am filing herewith a document containing confidential information as described in Rule 2.420(d)(1)(B)  
and that: (a) The title/type of Document is: Driver's license, medical, Social Security identification  
documentation.

\_\_\_\_\_  
Petitioner (Parent, etc) Put your name:  
Street number, street name (and unit# if applicable):  
City, State, Zip:  
Telephone:  
Email:

**CERTIFICATE OF SERVICE**

I hereby swear and affirm that a copy of the preceding document was hand-delivered,  
faxed, and/or mailed to the attorney for the opposition, or to the opposition if unrepresented, to  
wit: APPOINTED ATTORNEY with Notice/Order appointment on this, the \_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Note: The clerk of court shall review filings identified as containing confidential information to determine whether  
the information is facially subject to confidentiality under subdivision (d)(1)(B). The clerk shall notify the filer in  
writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records  
shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision(d)(3) of the  
Rule. Fla. R. Jud. Admin. 2.420(d)(2).

IN THE CIRCUIT COURT OF THE  
COUNTY, FLORIDA

JUDICIAL CIRCUIT,

IN RE: GUARDIAN ADVOCACY OF

CASE NO.

\_\_\_\_\_

A Developmentally Disabled Person.

NOTICE OF FILING SOCIAL/MEDICAL HISTORY DOCUMENTS

Now comes Petitioner(s) who hereby file this, Notice of Filing Social/Medical history documents and state(s)

1. Attached please find social/medical/educational documents in regard to the proposed ward in the above-captioned case.

Respectfully Submitted,

\_\_\_\_\_

CERTIFICATE OF SERVICE

I hereby swear and affirm that a copy of the foregoing was hand-delivered, faxed, emailed, emailed through State of Florida's Email Service System, or mailed through U.S. Mail to the opposition, to wit: Appointed Attorney for the Ward through e-filing portal, on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

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

IN RE: GUARDIAN ADVOCACY OF

CASE NO. \_\_\_\_\_  
PROBATE DIVISION

**PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE**

Petitioner, \_\_\_\_\_, alleges the following:

1. Petitioner's name: \_\_\_\_\_

2. Age: \_\_\_\_\_ D.O.B- \_\_\_\_\_

3. Residence Address (Street no. and name): \_\_\_\_\_

Residence Address: City, State, Zip: \_\_\_\_\_

4. The name of the person in need of a Guardian Advocate due to a developmental disability is:  
\_\_\_\_\_

The nature of this person's developmental disability is:  
\_\_\_\_\_

This person's age is: \_\_\_\_\_ and this person's date of birth is: \_\_\_\_\_

The Petitioner's relationship to the person with a developmental disability is:  
\_\_\_\_\_

The Petitioner believes a Guardian Advocate is necessary because: The ward is not capable of exercising those rights, duties, and obligations which are necessary and accompany adult life. The ward is not capable to paying bills, managing money, ensuring that the ward goes to the doctor or dentist on time, and generally, almost all of the aspects of modern life and maintaining a person's necessary sociological requirements. To survive, the ward needs help and guidance.

5. Some of the specific and exact areas in which the person with a developmental disability lacks the decision-making ability to make informed decisions about his or her care and treatment services or to met the essential requirements for his or her physical health or safety are:

- a. To personally apply for benefits
- b. To contract
- c. To choose social environment
- d. To sue and defend lawsuits and address legal matters
- e. To consent to medical treatment
- f. To determine residence

6. The name and address and relationship to the person with a developmental disability of the proposed guardian advocate is: \_\_\_\_\_, and the relationship of the proposed guardian advocate had or has with a provider of health care services, or other services to the person with a developmental disability is: No relationship with health care providers except that they are the ward's physicians and are known through their services.

7. Name and address of next of kin are: \_\_\_\_\_  
\_\_\_\_\_

8. Petitioner(s) propose(s) that he/she/they be appointed Guardian/co guardian Advocate(s).

WHEREFORE: Petitioner requests appointment as Guardian Advocate of the above-captioned person. Petitioner declares residency of \_\_\_\_\_ County and is sui juris and otherwise qualified under the laws of the State of Florida to act in such capacity. 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.

Date: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_

STATE OF  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by Affiant who's name is \_\_\_\_\_ and who is: PERSONALLY KNOWN TO ME [ ], or has produced IDENTIFICATION [ ], to wit: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

IN RE: GUARDIAN ADVOCACY OF \_\_\_\_\_

CASE NO. \_\_\_\_\_  
PROBATE DIVISION

**OATH OF GUARDIAN ADVOCATE, DESIGNATION OF  
RESIDENT AGENT & ACCEPTANCE**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, (Affiant), state under oath that:

1. I will faithfully perform the duties of Guardian Advocate(s) of the above-captioned person, (the Ward), according to law and accept the Designation as Resident Agent.

2. My place of residence and mailing address is:

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

\_\_\_\_\_  
Signature of Affiant, Resident Agent, Applicant.

STATE OF  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by Affiant  
who's name is \_\_\_\_\_ and who is: PERSONALLY KNOWN TO  
ME [ ], or has produced IDENTIFICATION [ ], to wit: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

IN RE: GUARDIAN ADVOCACY OF

CASE NO. \_\_\_\_\_  
PROBATE DIVISION

**DESIGNATION OF EMAIL ADDRESS, PRIMARY ADDRESS FOR  
SERVICE OF PAPERS AND NOTICE OF CURRENT RESIDENCE ADDRESS**

*Instructions: A party not represented by an attorney may choose to designate e-mail address(es) for service. A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the exclusive means of service.*

**1. Notice of Email Designation:**

I, *(full legal name)* \_\_\_\_\_, being sworn, certify that

my current E-Mail address is \_\_\_\_\_.

I hereby designate my E-Mail address for receipt of all future papers in this case. I understand that in the future I may change my address if I wish to be served at a physical location by filing an amended designation of primary address for service of papers form.

**2. Notice of current address:**

I, *(full legal name)* \_\_\_\_\_, being sworn, certify that my current physical mailing address is (Street) \_\_\_\_\_

\_\_\_\_\_,  
(Telephone Number) \_\_\_\_\_ (Fax ) \_\_\_\_\_

I understand that I must keep the clerk's office and the opposing party or parties notified of my current address and that all future papers in this case will be served at the address(es) on record at the clerk's office. 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.

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

Signature: \_\_\_\_\_

STATE OF  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by Affiant  
who's name is \_\_\_\_\_ and who is: PERSONALLY KNOWN TO

ME [ ], or has produced IDENTIFICATION [ ], to wit: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

#### CERTIFICATE OF SERVICE

I hereby swear and affirm that a copy of the preceding document was hand-delivered, faxed, and/or mailed to the attorney for the opposition, or to the opposition if unrepresented, to wit: Opposition through service of process and/or appointed/retained counsel, on this, the \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

\*\*\*\*\*TAKEN DIRECTLY FROM 9TH JUDICIAL CIRCUIT

**ANNUAL ACCOUNTING AND PLAN DATES  
(IF FISCAL YEAR REPORT PERIOD)**

<b>Month Letters Signed</b>	<b>Report Begin Date</b>	<b>Report End Date</b>	<b>Report Due Date</b>
January	February 1	January 31	May 1
February	March 1	February 28	June 1
March	April 1	March 31	July 1
April	May 1	April 30	August 1
May	June 1	May 31	September 1
June	July 1	June 30	October 1
July	August 1	July 31	November 1
August	September 1	August 30	December 1
September	October 1	September 30	January 1
October	November 1	October 31	February 1
November	December 1	November 30	March 1
December	January 1	December 31	April 1



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

IN RE: GUARDIAN ADVOCACY OF

CASE NO. \_\_\_\_\_  
PROBATE DIVISION

PETITION/MOTION FOR ORDER WAIVING THE EDUCATION AND  
FINANCIAL REPORTING REQUIREMENTS AND TO WAIVE  
CREDIT AND CRIMINAL INVESTIGATION

Now comes the Petitioner(s) by and through undersigned counsel, hereby file this pleading and state:

1. Petitioner(s) are the proposed guardian advocate/co-guardian advocates in this matter.
2. Petitioner(s) relationship to the ward is:

\_\_\_\_\_

The specific request is for exemption from the educational and initial and annual financial reporting requirements imposed by Sections 744.3145, 744.362, and 744.367, Florida Statutes, as amended, and for an order waiving the Credit and Criminal Investigation required by F.S. 744.3135, because: \_\_\_\_\_

\_\_\_\_\_

Wherefore, the Petitioners request this court enter an order granting the relief requested herein.

\_\_\_\_\_

CERTIFICATE OF SERVICE

I hereby swear and affirm that a copy of the foregoing was hand-delivered, faxed, emailed, emailed through State of Florida's Email Service System, or mailed through U.S. Mail to the opposition, to wit: Appointed Attorney for the Ward through e-filing portal, on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

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

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

**INITIAL GUARDIANSHIP PLAN  
OF GUARDIAN ADVOCATE OF PERSON  
(Adult Ward)**

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

1. The Ward presently resides at:
  
  
2. During the period beginning \_\_\_\_\_ and ending \_\_\_\_\_,  
the guardian advocate proposes the following plan for the benefit of the Ward:

- a. Medical, mental or personal services to be provided for the welfare of the Ward:

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- b. Social and personal care services to be provided for the welfare of the Ward:

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- c. Place and kind of residential setting best suited for the needs of the Ward:

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- d. Description of 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:

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- e. Physical and mental examinations necessary to determine the Ward's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates of examinations:

Type of Examination	Name of Person Performing Exam	Date of Exam
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- f. 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>
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3. The guardian advocate attests that the Ward is developmentally disabled.

4. The 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.
5. The Initial Guardianship Plan does not restrict the physical liberty of the Ward more than is reasonably necessary to protect the Ward others from serious physical injury, illness or diseases and provides the Ward with medical care and mental health treatment for the Ward's physical and mental health.

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 \_\_\_\_\_.

\_\_\_\_\_  
Signature: Guardian Advocate

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

Name of Physician	Treatment	Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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~~ / ~~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:

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

13. I/we [do / do not] not plan to seek the restoration of any rights to the Ward.
14. This plan [has / has not] been reviewed with the Ward to the extent possible.
15. The guardian advocate(s) [have / have not] received the following remuneration 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: \_\_\_\_\_



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: \_\_\_\_\_
4. Purpose of Examination:
  - 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: \_\_\_\_\_