

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:

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

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

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:

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

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:

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

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

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

If there is a Co-Guardian Advocate, he/she should sign below. If not, leave signature blank.

Signature Co-Guardian Advocate