

IN THE CIRCUIT COURT FOR ORANGE COUNTY, FLORIDA
PROBATE/ MENTAL HEALTH DIVISION

IN RE: GUARDIANSHIP OF

File No. 48-_____

ANNUAL GUARDIANSHIP REPORT
ANNUAL GUARDIANSHIP PLAN OF GUARDIAN OF PERSON
(Minor Ward)

-

, the guardian 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 address at the time of filing this plan is _____
_____.
2. During the preceding year, the Ward resided at (include dates, names, addresses and length of stay at each place):
3. The current residential setting (circle one) **is** or **is not** best suited for the current needs of the Ward.
4. It is intended that the Ward will reside at the following location for the current year:

5. Description of professional medical treatment given to the Ward during the preceding year:

PHYSICIAN

TREATMENT

DATE

6. The plan for provision of medical and personal care services in the coming year is as follows:

7. Information concerning the social condition of the Ward is submitted as follows:

A. The social and personal services currently utilized by the Ward are:

B. Statement of educational and social activities of the Ward are as follows:

8. This plan (circle one) **has** or **has not** been reviewed with the ward.

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 the _____ day of _____, _____.

Attorney for Guardian

Signature of Guardian

Florida Bar No. _____

Signature of Co-Guardian

Address

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PHYSICIAN'S REPORT – MINOR WARD

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 exam)

6. Date of this report: _____

7. Signature of physician completing this report: _____