

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO: _____

DIVISION PROBATE

Respondent,
Person with Developmental Disability

ANNUAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN/CO-GUARDIAN ADVOCATE(S) OF PERSON

_____, the Guardian/Co-Guardian Advocate(s) of the
Person of _____ (the Respondent), and submits the following plan as
the Annual Guardianship Report.

The Annual Guardian Advocacy Plan for the period beginning _____, and
ending _____, shall be as follows:

1. The Respondent's address at the time of filing the plan is

_____.

The Respondent's residence is (group home, assisted living, live with parents, Respondent's
private residence, other: please specify): _____

2. During the preceding year (prior 12 months), the Respondent 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 or is not) _____ best suited for the
current needs of the Ward.

4. Plans for ensuring that the Respondent is in the best residential setting to meet the Respondent's needs during the coming year (next twelve months) are as follows:

_____.

5. The following is a description of the Respondent'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:

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

If none, the following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

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

<u>Name of Physician</u>	<u>Treatment</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

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

9. The plan for providing medical, mental health and rehabilitative services in the coming year (next twelve months) is as follows: _____

_____.

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

a. The social and personal services currently used by the Respondent are as

follows:

Name and address

Services rendered

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

_____.

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

_____.

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

_____.

12. The Respondent (is or is not) _____ now capable of having some or all of the Respondent's rights restored. If so, the rights (*to marry, to vote, to travel, to have a driver's license, to seek or retain employment, to personally apply for government benefits, to contract, to sue and defend lawsuits, to manage property or to make any gift or disposition of property, to determine the Ward's residence, to consent to medical and mental health treatment, to make decisions about the Ward's social environment or other social aspects of the Ward's life* OR list "NONE") that should be restored are identified as follows:

13. I/We (do or do not) _____ plan to seek the restoration of any rights to the Respondent.

14. This plan (has or has not) _____ been reviewed with the Respondent to the extent possible.

15. The Guardian/Co-Guardian Advocate(s) has/have received the following remuneration for services rendered to or on behalf of the Ward (if none, list "NONE."):

Description

Amount

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

Signed on this _____ day of _____, 20_____.

Signature: _____
Guardian/Co-Guardian Advocate
Name: _____
Address: _____

Phone Number: _____
Email Address: _____

Signature: _____
Guardian/Co-Guardian Advocate
Name: _____
Address: _____

Phone Number: _____
Email Address: _____

Certificate of Service

(A certificate of service as required by Florida Rule of Judicial Administration 2.516 must be included if Respondent is over the age of 14 and is not totally incapacitated.)

I hereby certify that on _____, 20____, the foregoing document has been furnished by:

_____ email delivery, or
_____ U.S. mail delivery, or
_____ fax delivery,

to: Name, address, email, fax number of recipients:

Signature: _____
Guardian Advocate
Name: _____
Address: _____

Phone Number: _____
Email Address: _____