

IN THE CIRCUIT COURT FOR SANTA ROSA COUNTY, FLORIDA

IN REF: GUARDIANSHIP OF

PROBATE DIVISION

File Number

Division

ANNUAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN OF PERSON

_____, 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 _____,
20____, and ending _____, 20____, shall be as follows:

1. The Ward=s address at the time of filing this plan is

_____.

2. During the prior twelve (12) months, the Ward resided at (include dates, names, addresses and length of stay at each location):

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

4. The plan for the next twelve (12) months to ensure the Ward is in the best residential setting to meet the Ward=s needs is as follows:

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5. Any professional medical treatment given to the Ward during the prior twelve (12) months was as follows:

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6. Attached is a report of a physician who examined the Ward no more than ninety (90) days before the end of the report period, including that physician=s evaluation of the Ward=s condition and a statement of the current level of capacity of the Ward.

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7. The plan for provision of medical, mental health and rehabilitative services in the next twelve (12) months is as follows:

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8. The Ward is currently utilizing the following social and personal services (include name, services rendered and address of each provider):

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9. The following is a statement of the social skills of the Ward, including how well the Ward maintains interpersonal relationships with others:

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10. The following is a description of the Ward=s activities at communication and visitation:

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11. The following is a description of the unmet social needs of the Ward, if any:

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12. During the prior twelve (12) month period, the following activities were undertaken in an effort to increase the capacity of the Ward:

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13. Is the Ward now capable of having some or all of the Ward=s rights restored? If so, identify the rights that should be restored.

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14. Do you plan to seek the restoration of any rights to the Ward?

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15. This plan has _____ 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 _____, 20_____.

Guardian

Attorney for Guardian
Florida Bar No.
Address:

Telephone:
Bar Form No. G-4.020-5 of 5
8 Florida Lawyers Support Services, Inc.