

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR SEMINOLE COUNTY, FLORIDA, PROBATE DIVISION**

ANNUAL GUARDIANSHIP PLAN		
IN RE: GUARDIANSHIP OF: _____	Section: _____	Case Number: YYYY@@NNNN (@@= GA, MH or CP) _____
Guardianship Type: _____	Amended Form? _____	Amended Form Version: _____

ANNUAL GUARDIANSHIP PLAN		
Plan Period From: _____		Plan Period To: _____

Guardianship Inception Date:	Date of Order of Incapacity:	Guardian Name:
_____	_____	_____
Guardian of the person of: _____		
submits the following Annual Guardianship Plan for the Ward:		

1. The Ward's present location is:			
Facility Name / Name of Caregiver with whom the Ward resides: _____	Facility Type: _____	Phone Number: _____	
Street Address: _____	City: _____	State: _____	Zip: _____

2. Prior to the current residence, the Ward lived at the following location(s) during the past year:

Facility Name, Address, and Phone Number	Type of Facility	Start Date of Residence	Approximate Ending Date of Residence

3. A. The Guardian states the place and kind of residential setting best suited for the needs of the Ward is:

B. The Guardian will ensure that the above is the best residential setting for the Ward by:

C. The Guardian states that every facility where the Ward resided was licensed, if licensing is required by law:

If no, please provide an explanation as to why the Ward resided in a non-licensed facility:

Explanation:

4. Care plans were required to be prepared by any facility where the Ward resided during the preceding 12 months (Yes/No):

If yes, the number of care plan meetings the guardian attended or discussed with the facility on the Ward's behalf during the preceding 12 months:

If "0" was answered above, please provide an explanation:

Explanation:

5. The Guardian visited the Ward during the preceding 12 months as follows:

Note: Please select all that applies and enter the number of visits.

First three months:	_____	Third three months:	_____
Second three months:	_____	Fourth three months:	_____

This applies to each quarter of the plan period for the last 12 months.

6. The following is a description of the medical and/or mental health treatment provided to the Ward during the preceding 12 months:

Physical/Mental Examinations:

#	Provider's Name, Address, and Phone Number	Type of Provider	Number of Visits

7. The Guardian for the plan period proposes the following as to the provision of medical and rehabilitative services for the Ward:

- Physical Therapy
- Routine examination by Dentist
- Routine examination by Primary Care Physician
- Routine examination by Ophthalmologist
- Routine examination by Specialist Name of Specialist: _____
- Speech Therapy
- Occupational Therapy
- The Ward retains the right to make their own decision
- Other

Explanation required only if "Other" checked: _____

8. The Guardian for the plan period proposes the following as to the provision of mental health services for the Ward:

- Routine Psych Exam
- On Going Treatment Outpatient
- On Going Treatment Inpatient
- None
- Other

Explanation required only if "Other" checked: _____

9. The Ward during the preceding 12 months was prescribed or took the following types of medication:

- Anti-Anxiety
- Anti-Depressant
- Cardiac
- Diabetic
- Memory Enhancement
- Over the Counter
- Psychotropic
- Other prescription

Explanation required only if "Other prescription" or "Over the counter" checked: _____

10. The Guardian for the plan period proposes the following as to the provision of personal care services for the Ward:

- Care Facility
- Nurses and Aides
- Family and Friends
- Other

Explanation required only if "Other" checked: _____

11. The Guardian for the plan period proposes the following as to the provision of social recreation of the Ward:

- Care Facility
- Nurses and Aides
- Family and Friends
- Ward Retains Right to Decide
- Other

Explanation required only if "Other" checked:

12. The Guardian provides the following statement as to the social condition of the Ward:

A. The Guardian provides the following statement of the social skills of the Ward, including how well the Ward maintains interpersonal relationship with others:

B. The Guardian provides the following description of the Ward's activities at communication and visitation:

C. The Guardian provides the following description of the unmet social needs of the Ward:

D. The Guardian for the plan period proposes the following as to the provision of social services for the Ward:

- Adult Day Care**
- Counseling**
- Homemaker/Personal Care**
- Home Delivered Meals**
- Private Services**
- Senior Center**
- Sheltered Workshop**
- Transportation**
- Volunteer Services**
- Other**

Explanation required only if "Other" checked:

13. The following activities were undertaken during the preceding 12 months in an effort to increase the capacity of the Ward:

- Encouragement to participate in social/recreational activities
- Occupational Therapy
- Physical Therapy
- Psychiatric Care
- Rehabilitation Services
- Speech Therapy
- Other

Explanation required only if "Other" checked:

14. The Guardian during the preceding 12 months utilized the following health insurance, accident insurance, private benefits, or governmental benefits available to meet the costs of medical, mental health, related services:

- Health Maintenance Organization (HMO)
- Institutional Care Program
- Optional State Supplement
- Medicare
- Medicaid
- Pension
- Social Security
- Social Security Disability Income (SSDI)
- Supplemental Insurance
- Supplemental Security Income (SSI)
- Veteran's Administration
- Other

Explanation required only if "Other" checked: _____

15. Can any of the following rights be restored?

Right To:	Answer (Yes/No):
a. Consent to Medical Treatment	_____
b. Contract	_____
c. Determine Residence	_____
d. Have a Driver's License	_____
e. Make decision about social environment or other aspects of social life	_____
f. Manage Property or make Gift of Disposition	_____
g. Marry	_____
h. Personally, apply for Government Benefits	_____
i. Seek or Retain Employment	_____
j. Sue and be Sued	_____
k. Travel	_____
l. Vote	_____

16. If you answered yes to any rights listed in question 15, or if the doctor has indicated on the attached physician's report that a right may be restored – will restoration be sought?

Right To:	Answer (Yes/No):
a. Consent to Medical Treatment	_____
b. Contract	_____
c. Determine Residence	_____
d. Have a Driver's License	_____
e. Make decision about social environment or other aspects of social life	_____
f. Manage Property or make Gift of Disposition	_____
g. Marry	_____
h. Personally apply for Government Benefits	_____
i. Seek or Retain Employment	_____
j. Sue and be Sued	_____
k. Travel	_____
l. Vote	_____

17. To assist the Court with review of the annual plan to determine if it is in the best interest of the Ward, please provide the following information:

A. Please indicate the Ward’s ability to engage in activities of daily living or instrumental activities of daily living:

Right To:	Answer(1-10):
i. Administration of Medication	_____
ii. Bathing	_____
iii. Climbing Stairs	_____
iv. Doing Laundry	_____
v. Dressing	_____
vi. Eating	_____
vii. Grooming	_____
viii. Heavy Chores	_____
ix. Light Housekeeping	_____
x. Managing Money	_____
xi. Preparing Meals	_____
xii. Shopping	_____
xiii. Toileting	_____
xiv. Transferring (from wheelchair to chair/bed)	_____
xv. Walking/Mobility	_____

B. The diagnosed mental disabilities of the Ward are:

- Alzheimer’s type of dementia
 - Autism Spectrum Disorders
 - Closed Head Injury
 - Dementia
 - Depression
 - Developmental Disabilities
 - Induced by substance abuse
 - Schizophrenia or related disorders
 - Other
- Explanation required only if “Other” checked: _____

C. The diagnosed physical disabilities of the ward are:

- Mobility
- Blindness
- Deafness
- Diabetic
- Parkinson's Disease
- Severe Arthritis
- Other

Explanation required only if "Other" checked: _____

D. The assistive devices used by the Ward are:

- Crutches
- Dentures
- Glasses
- Hearing Aid
- Prosthetics
- Walker/Cane
- Wheelchair
- None
- Other

Explanation required only if "Other" checked: _____

E. The plan for the next twelve (12) months for disaster preparedness for the ward is:

18. The following is a list of all preexisting orders not to resuscitate executed under §401.45(3), Fla. Stat or preexisting advance directives as defined in §765.101, Fla. Stat., concerning the adult Ward, discovered during the preceding 12 months:

Orders Not to Resuscitate or Advance Directives

#	Title of Order/Directive	Date of Order/Directive	Suspended by Court (Yes/No)	Steps Taken to Identify and Locate Order/Directive
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19. The following is a listing of the types, sources and total amounts of all remuneration (i.e., payments or other benefits made directly or indirectly, overtly or covertly, or in cash or in kind) received by the Guardian for services rendered to or on behalf of the Ward:

Remuneration				
#	Date of Court Order if any	Type of Remuneration	Source	Amount

CERTIFICATION AND SIGNATURE OF GUARDIAN(S)

(Check all that apply)

- The recommendations of the examining committee are incorporated into this plan.
- The Ward was declared totally incapacitated.
- The Ward is a minor.
- The Guardian has consulted with the Ward, to the extent reasonable, has honored the Ward's wishes, and to the maximum extent possible the plan is in accordance with the Ward's wishes or consistent with the rights retained by the Ward.
- The plan does not restrict the physical liberty of the Ward except as necessary to protect the Ward and others from serious physical injury, illness, or disease.
- The plan provides for the Ward's medical care and mental health treatment.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, and the facts alleged are true, to the best of my knowledge and belief.

Guardian

Guardian Signature:

Guardian Name:

Date signed by Guardian:

Guardian's Email Address:

Guardian Telephone #:

Guardian Mailing Address:

City:

State:

Zip:

Co-Guardian

Co-Guardian Signature:

Co-Guardian Name:

Date signed by Co-Guardian:

Co-Guardian's Email Address:

Guardian Telephone #:

Co-Guardian Mailing Address:

City:

State:

Zip:

CERTIFICATION OF SERVICE

I hereby certify that a true copy of the foregoing has been furnished by mail to _____
(name of attorney for the person with a developmental disability/name of attorney for the person adjudged
incapacitated) at _____ (address of the attorney for the
person with a developmental disability/name of attorney or the person adjudged incapacitated) this ____ day of
____, 20____ and to _____ (the person with a developmental disability/the
person adjudged incapacitated).

Signature of Guardian/Guardian Advocate

Signature of Co-Guardian/Co-Guardian Advocate

Printed Name of Guardian/Guardian Advocate

Printed Name of Co-Guardian/Co-Guardian Advocate

PHYSICIAN'S REPORT
(Required by Florida Statute §744.3675)

1. Name of Physician: _____
2. Address: _____
3. Name of Patient: _____
4. Date of Examination: _____
5. Purpose of Examination:
 - a. Regular Check-up: _____
 - b. Treatment: _____
6. Evaluation of Ward's condition: (Specify mental and physical condition at time of examination)

7. Description of Ward's capacity to live independently:

8. The Ward (does) (does not) continue to need assistance of a Guardian.
9. Is the Ward capable of being restored to capacity at this time? (Yes) or (No)
10. Date of this Report: _____
11. Signature of Physician completing this Report: _____

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT IN
AND FOR SEMINOLE COUNTY FLORIDA

In Re: Guardianship of:

File No. _____

**ORDER APPROVING ANNUAL GUARDIANSHIP
PLAN OF THE GUARDIAN OF THE PERSON**

The Court has reviewed the 20__ to 20__ Annual Guardianship Plan filed by _____,
as Guardian of the person _____ (the Ward), and the Clerk's report of findings
to the Court filed on _____, 20__.

The Court has determined that the Annual Guardianship Plan:

- (1) Meets the needs of the Ward;
- (2) Authorizes the guardian to act only in areas in which the Ward has been declared incapacitated;
- (3) Conforms to all other requirements of the provisions in the Florida statutes; and
- (4) Does not seek additional authority to be delegated to the guardian, as required in the provisions in Florida Statutes Section 744.331.

IT IS THEREFORE ADJUDGED that the Annual Guardianship Plan is approved and constitutes the authority for the guardian to act in the forthcoming year. The guardian's powers are limited by the terms of the report.

DONE AND ORDERED in Seminole County, Florida this _____ day of _____, 20__.

Circuit Judge

(Printed Name)