	IN AND FOR	COUNTY, FLOI	RIDA
IN RE: THE	GUARDIANSHIP OF	FILE NO.:	
	·		
	/		
<u>II</u>		LAN FOR INCAPACITATED by § 744.363, Fla. Stat.)	<u>D PERSON</u>
The g	guardian(s) of the person		
of the Ward		, who presently resides at	the following address:
		anship Plan for the reporting pe	
	and ending	g on	, as follows
and in accord		ns of the examining committee'	s comprehensive
1.	During the preceding year, t	he ward has resided at the addre	ess(es) listed below for
the period of	time indicated: (please write	N/A in the space if the ward ha	s been only at the
address liste	d above); or lis	t the previous locations below a	and with whom:
2.	Place and kind of residential	setting best suited for the need	s of the ward:

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT

3.	Medical, mental or personal care services to be provided for the welfare of the
ard include:	
4.	Social services to be provided for the welfare of the ward to increase life skills
	nal relationship abilities include:
iu iliterperso	mai relationship admittes include.
5.	Please describe what activities the ward presently engages in and whether the
ard attends A	ARC programming or other services, along with the plans that are being made for
e upcoming	year to increase the life skills of the ward:

6. Please describe the health insurance coverage and premiums for such, along with
by other private or governmental benefits to which the ward may be entitled (and the amounts)
meet any part of the costs of medical, mental health or related services provided to the ward:
7. If the ward is receiving government benefits, please describe what agencies he or
e is registered with and what services the ward is scheduled to receive from those agencies:
8. Physical and mental examinations necessary to determine the ward's medical and
ental health treatment needs, including the names of those who will provide examinations and
e approximate dates for those examinations should be listed below:

	9.	The initial plan does not restrict the physical liberty of the ward more than is
reason	ably	necessary to protect the ward or others from serious physical injury, illness, or
diseas	e and	provides the ward with medical care and mental health treatment for the ward's well
being.		

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 and dated this day of	, 20 by the guardian/s of the person	
(Signature of Guardian)	(Signature of Co-Guardian if applicable)	
(Address)	(Address)	
(Phone #)	(Phone #)	
Attorney for Guardian/s, if applicable:		
Name:	Fla. Bar #	
Address:	Phone #	

*Note to the Guardian:* 

If you do not know the actual reporting period for which the report is due, please contact the Clerk of Court for calendar period.