

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE: THE GUARDIANSHIP OF

FILE NO.: \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_/

**INITIAL GUARDIANSHIP PLAN FOR INCAPACITATED PERSON**

(Required by § 744.363, Fla. Stat.)

The guardian(s) of the person \_\_\_\_\_  
of the Ward \_\_\_\_\_, who presently resides at the following address:

\_\_\_\_\_.

come/s now and submit/s the Initial Guardianship Plan for the reporting period beginning on  
\_\_\_\_\_ and ending on \_\_\_\_\_, as follows

and in accordance with the recommendations of the examining committee's comprehensive  
examination:

1. During the preceding year, the ward has resided at the address(es) listed below for  
the period of time indicated: *(please write N/A in the space if the ward has been only at the  
address listed above)* \_\_\_\_\_; or list the previous locations below and with whom:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Place and kind of residential setting best suited for the needs of the ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Medical, mental or personal care services to be provided for the welfare of the ward include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Social services to be provided for the welfare of the ward to increase life skills and interpersonal relationship abilities include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe what activities the ward presently engages in and whether the ward attends ARC programming or other services, along with the plans that are being made for the upcoming year to increase the life skills of the ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9. The initial plan does not restrict the physical liberty of the ward more than is reasonably necessary to protect the ward or others from serious physical injury, illness, or disease 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.*