

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

IN RE: THE GUARDIANSHIP OF

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

\_\_\_\_\_  
\_\_\_\_\_ /

**INITIAL GUARDIANSHIP PLAN OF MINOR**

(Required by § 744.363, Fla. Stat.)

The guardian(s) of the person \_\_\_\_\_  
of the Minor/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:

1. During the preceding year, the minor/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 minor/ward:

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

3. A summary of the previous school progress report and extracurricular activities:

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

4. Please describe the health insurance coverage and premiums for such, along with any other private or governmental benefits to which the minor/ward may be entitled (and the amounts) to meet any part of the costs of medical, mental health or related services provided to the minor/ward: \_\_\_\_\_

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5. The social skills of the minor/ward are described as: *(please indicate how well the ward communicates and maintains interpersonal relationships and whether these behaviors are age appropriate to the best of your knowledge)*: \_\_\_\_\_

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6. The above described social skills are being enhanced by what programs or educative initiatives *(if not applicable then so state)*: \_\_\_\_\_

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7. Medical, mental, social, personal or academic support and/or care services to be provided for the welfare of the minor/ward in the upcoming year include: \_\_\_\_\_

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8. Physical and mental examinations necessary to determine the minor/ward's medical and mental health treatment needs, including the names of those who will provide examinations and the approximate dates for those examinations should be listed below:

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9. For a minor/ward who is 14 years of age or older, the guardian/s attest that the minor/ward has been consulted and the wishes of the minor/ward have been honored as is practicable. *Guardian/s initial here:* \_\_\_\_\_ or N/A \_\_\_\_\_

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.*