

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

IN RE: THE GUARDIAN ADVOCACY OF _____ FILE NO.: _____

_____ /

INITIAL GUARDIANSHIP PLAN FOR GUARDIAN ADVOCATE

(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:

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. A summary of the previous school progress report and extracurricular activities if applicable: _____

4. If the ward does not attend an academic program, please describe what activities the ward presently engages in and what plans are being made for the upcoming year to increase the life skills of the ward: _____

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

6. If the ward is receiving government benefits, please describe what agencies he or she is registered with and what services the ward is scheduled to receive from those agencies:

7. The social skills of the ward are described as: *(please indicate how well the ward communicates and maintains interpersonal relationships)*: _____

8. The above described social skills are being enhanced by what programs or educative initiatives: _____

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

10. Physical and mental examinations necessary to determine the 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:

11. The guardian advocate has reviewed this plan with the ward and the ward's wishes 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.