

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: _____

6. 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:

7. 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:

8. 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:

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.