

IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA

PROBATE DIVISION

IN RE: GUARDIANSHIP OF

File Number _____

Division _____

INITIAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT) OF GUARDIAN OF THE PERSON
(Adult Ward)

_____, the guardian of the person of _____
(the Ward), submits the following plan as the Initial Guardianship Report of this guardian:

1. The Ward presently resides at _____
_____.
2. During the period beginning _____, _____, and ending _____,
_____, the guardian proposes the following plan for the benefit of the Ward, which is based upon the recommendations of the examining committee's comprehensive examination, as incorporated into the Order Determining Incapacity.
 - a. Medical, mental or personal care services to be provided for the welfare of the Ward:
 - b. Social and personal services to be provided for the welfare of the Ward:
 - c. Place and kind of residential setting best suited for the needs of the Ward:
 - d. Description of health and accident insurance and any other private or governmental benefits to which the Ward may be entitled to meet any part of the costs of medical, mental health or related services provided to the Ward:

e. Physical and mental examinations necessary to determine the Ward's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations:

3. The guardian attests that:

[delete the inapplicable statement]

a. The Ward is totally incapacitated, or

b. The guardian has consulted with the Ward and, to the extent reasonable, honored the Ward's wishes consistent with the rights retained by the Ward under the plan.

4. To the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.

5. This Initial Guardianship 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 physical and mental health.

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 on this _____ day of _____, _____.

Attorney for Guardian

Email Addresses:

Florida Bar No. _____

(address)

Telephone: _____

Guardian

Residence address:

Mailing address:

E-mail Address:

Telephone: _____

[Print or Type Names Under All Signature Lines]