IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY
OF

FILE NO: _____
DIVISION PROBATE

_____
Respondent,
Person with Developmental Disability
_____

INITIAL GUARDIAN ADVOCACY PLAN (GUARDIANSHIP REPORT) OF GUARDIAN ADVOCATE(S) OF THE PERSON

_____, the Guardian/Co-Guardian Advocate(s) of the person of the Respondent, submit(s) the following plan as the Initial Guardianship Report of the Guardian/Co-Guardian Advocate(s):

1. The Respondent's address at the time of the filing of this plan is: _____.

2. During the period beginning _____ (the date the Letters of Guardian/Co-Guardian Advocate(s) of the Person were signed), and ending _____ (the last day of the month of the anniversary month of your appointment one year later), the Guardian Advocate(s) propose(s) the following plan for the benefit of the Respondent.

   a. Medical, mental or personal care services to be provided for the welfare of the Respondent:

   _____

   _____

   _____.

   b. Social and personal services to be provided for the welfare of the Respondent:

   _____

   _____

   _____.

c. Place and kind of residential setting best suited for the needs of the Respondent:

_____

_____

_____.

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 Respondent:

_____

_____

_____.

e. Physical and mental examinations necessary to determine the Respondent's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations: (*this is for the coming year, and what you think will happen during that period)*

Type of Examination	**Name of Person Performing Examination**	**Date of Examination**
_____	_____	_____
_____	_____	_____
_____	_____	_____

f. The following preexisting orders not to resuscitate executed under Fla. Stat. § 401.45(3) and preexisting advance directives, as defined in Fla. Stat. § 765.101, have been identified and located:

_____

The following steps have been taken to identify and locate preexisting orders not to resuscitate and preexisting advance directives:

_____

_____.

Date of Order/Directive	Description of Order/Directive	Suspended by Court?

3. The Guardian/Co-Guardian Advocate(s) has/have consulted with the Respondent and, to the extent reasonable, honored the Respondent's wishes consistent with the rights retained by the Respondent under the plan.

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

5. This Initial Guardianship Plan does not restrict the physical liberty of the Respondent more than is reasonably necessary to protect the Respondent or others from serious physical injury, illness or disease and provides the Respondent with medical care and mental health treatment for the Respondent's physical and mental health.

Under penalties of perjury, I/we declare that I/we have read the foregoing, and the facts alleged are true, to the best of [my/our] knowledge and belief.

Signed on _____, 20___.

Signature: _____
Guardian/Co-Guardian Advocate
Name: _____
Address: _____
_____
Phone Number: _____
Email Address: _____

Signature: _____
Guardian/Co-Guardian Advocate
Name:
Address: _____

Phone Number: _____
Email Address: _____

Certificate of Service

(A certificate of service as required by Florida Rule of Judicial Administration 2.516 must be included if Respondent is over the age of 14 and is not totally incapacitated)

I hereby certify that on _____, 20____, the foregoing document has been furnished by:

_____ email delivery, or
_____ U.S. mail delivery, or
_____ fax delivery,
to: Name, address, email, fax number of recipients:

_____

Signature: _____
Guardian Advocate
Name: _____
Address: _____
_____
Phone Number: _____
Email Address: _____