

In the Circuit Court of the
Ninth Judicial Circuit, in and for
Osceola County, Florida

Probate Division
Case No. _____

In Re: Guardianship of

Minor Ward

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ANNUAL GUARDIANSHIP PLAN FOR MINOR

_____ the guardian of the person of _____, submits the following annual plan for the period beginning on _____ and ending on _____.

1. The ward's address at the time of filing this plan is: _____. During the prior 12 months, the ward resided at (include dates, names, addresses, and length of stay at each location):

<u>Date</u>	<u>Name</u>	<u>Address</u>	<u>Length of stay</u>

2. List any professional treatment (medical or dental) given to the ward during the prior 12 months:

<u>Date</u>	<u>Provider</u>	<u>Treatment provided</u>

3. A report from the physician who examined the ward no more than 180 days before the beginning of the applicable reporting period that contains an evaluation of the ward's physical and mental conditions has been filed with this plan. [See subdivision (e) of this rule for a format for a physician's report.]

4. The plan for providing medical or dental services in the coming year:

5. A summary of the ward's school progress report:

6. A description of the ward's social development, including how well the ward communicates and maintains interpersonal relationships:

7. The social needs of the ward are:

8. Consulting with ward (Check one):

a. The ward is under age 14;

OR

b. The guardian attests that the guardian has consulted with the ward (if ward is 14 years of age or older) and, to the extent reasonable, honored the ward's wishes consistent with the rights retained by the ward under the plan, and to the maximum extent reasonable, the plan is in accordance with the wishes of the ward.

(Please use additional sheets if necessary)

Under penalties of perjury, I declare that I have completed and read the foregoing, and the facts set forth are true, to the best of my knowledge and belief.

Signed on _____

[A certificate of service is required if ward is 14 years of age or older.]

[I certify that the foregoing document has been furnished to _____
by _____ on _____.]

Guardian's Signature

Guardian's Printed Name:

Guardian's Address:

Guardian's Phone Number:

Guardian's E-mail Address: _____

In the Circuit Court of the
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In Re: Guardianship of

Respondent's Name
Person with Developmental Disability

PHYSICIAN'S REPORT
(Required by section 744.3675, Florida Statutes)

1. Name of Physician: _____
Address: _____
2. Name of ward: _____
3. Date of examination: _____
4. Purpose of examination:
 - a. Regular checkup: _____
 - b. Treatment for: _____
5. Evaluation of ward's condition: (Specify mental and physical condition at time of examination) _____

6. Description of ward's capacity to live independently: _____

7. The ward ___ does ___ does not continue to need assistance of a guardian.
8. Is the ward capable of being restored to capacity at this time? Yes ___ No ___
9. Are there any rights that can be restored at this time? Check any rights that can
berestored:

- a. to marry;
- b. to vote;
- c. to personally apply for government benefits;
- d. to have a driver license;
- e. to travel;
- f. to seek or retain employment;
- g. to contract;
- h. to sue and defend lawsuits;
- i. to apply for government benefits;
- j. to manage property or to make any gift or disposition of property;
- k. to determine his or her residence;
- l. to consent to medical and mental health treatment; or
- m. to make decisions about his or her social environment or other social aspects of his or her life.

10. Date of this report: _____

11. Signature of physician completing this report: _____