

IN THE NINTH JUDICIAL CIRCUIT COURT
IN AND FOR OSCEOLA COUNTY, FLORIDA

PROBATE DIVISION

Case No:

IN RE: THE GUARDIANSHIP OF

A Ward

**ANNUAL GUARDIANSHIP PLAN OF GUARDIAN OF THE PERSON/
ANNUAL GUARDIAN ADVOCATE PLAN OF GUARDIAN OF PERSON**
FORM S

I, _____, the

Guardian Advocate of the person of _____, pursuant to
Fla. Stat. §744.3675, submits the following plan as the Annual Guardianship Report of
this guardian:

The Annual Guardianship Plan for the period beginning _____,
and ending _____, shall be as follows:

1. The Ward's address at the time of filing this plan is

2. During the preceding year, the Ward resided at (include dates, names, addresses
and length of stay at each place):

3. The current residential setting (circle on) **is** or **is not** best suited for the current
needs of the Ward.

4. Plans for ensuring that the Ward is in the best residential setting to meet the Ward's needs during the coming year are as follows:

5. Description of professional medical treatment given to the Ward during the preceding year:

PHYSICIAN TREATMENT DATE

6. Report of a physician who examined the Ward no more than 90 days before the beginning of the report period is **attached**. Report contains an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

7. Plan for provision of medical, mental health and rehabilitative services in the coming year is as follows:

8. Information concerning the social condition of the Ward is submitted as follows:

A. The social and personal services currently utilized by the Ward are:

B. State the social skills of the Ward, including how well the Ward maintains interpersonal relationships with others:

C. Describe the Ward's activities at communication and visitation:

D. Description of the social needs of the Ward:

9. Summary of activities during the preceding year designed to increase the capacity of the Ward:
10. The Ward (circle one that applies) **is** or **is not** capable of having some or all of his/her rights restored. If capable, identify rights that should be restored
11. I/We (circle one) **do** or **do not** plan to seek the restoration of any rights to the Ward.
12. This plan (circle one) **has** or **has not** been reviewed with the Ward to the extent possible.
13. There (circle one) **are** or **are not** any pre-existing orders not to resuscitate or pre-existing directives. If so, please give the date the order or directive was signed, and whether such order was suspended by the court. Please give a description of all steps taken to identify or locate the pre-existing order or directive.

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 the _____ day of _____

Signature of Guardian

Address

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PHYSICIAN'S REPORT

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

5. Description of ward's capacity to live independently:

6. The ward (circle one) **does** or **does not** continue to need assistance of a guardian.
7. Is the ward capable of being restored to capacity at this time? (circle one) **Yes** or **NO**
8. Date of this report: _____
9. Signature of physician completing this report: _____