

**STATE OF FLORIDA  
IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT  
IN AND FOR SANTA ROSA COUNTY FLORIDA**

In Re: Guardianship of \_\_\_\_\_

Case No. \_\_\_\_\_

\_\_\_\_\_  
Respondent's Name  
Person with Developmental Disability

ANNUAL GUARDIANSHIP PLAN OF GUARDIAN /  
GUARDIAN ADVOCATE OF THE PERSON

\_\_\_\_\_, the guardian of the person/guardian advocate of  
\_\_\_\_\_, the ward, submits the following annual plan for the period  
beginning \_\_\_\_\_ ending \_\_\_\_\_.

1. The ward's address at the time of filing this plan is: \_\_\_\_\_

\_\_\_\_\_

2. During the prior 12 months, the ward resided or was maintained at (include dates, names, addresses, and length of stay at each location):

Date	Name	Address	Length of Stay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The residential setting best suited for the current needs of the ward is (Check 1):

- a. group home;
- b. assisted living;
- c. nursing home;
- d. live with parents;
- e. at ward's private residence; or
- f. other: \_\_\_\_\_

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: \_\_\_\_\_

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5. The following is a list of any medical treatment given to the ward during the preceding year:

Date	Provider	Treatment provided
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Attached is a report of a physician who examined the ward no more than 90 days before the beginning of the reporting period, including that physician's evaluation of the ward's condition and a statement of the current level of capacity of the ward.

7. The plan for provision of medical, dental, mental health, and rehabilitative services (for example, occupational therapy, physical therapy, speech therapy, applied behavioral analysis) in the coming year is:

Date	Provider	Service provided
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. The following information is submitted concerning the social condition of the ward:

a. The ward is currently using the following social and personal services (include name, services rendered, and address of each provider), including any groups in which the ward is participating:

Date	Provider	Service provided
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. The following is a statement of the social skills of the ward, including how well the ward maintains interpersonal relationships with others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. The following is a description of the social needs of the ward, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The following is a summary of activities during the preceding year designed to increase the capacity of the ward, including involvement in groups or group activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is the ward now capable of having some or all of the ward's rights restored? ( ) Yes ( ) No  
If yes, identify the rights that should be restored: \_\_\_\_\_  
\_\_\_\_\_

11. Do you plan to seek the restoration of any rights to the ward? ( ) Yes ( ) No  
If yes, identify the rights that you are seeking to be restored: \_\_\_\_\_  
\_\_\_\_\_

12. This plan ( ) has or ( ) has not been reviewed with the ward.

13. The following is a list of preexisting orders not to resuscitate, health care surrogate designation, living will, or anatomical gift:

#	Title	Date	Suspended by Court? (Yes or No)	Steps Taken to Locate any Preexisting Document
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____

(Please use additional sheets where necessary.)

14. Section 744.367(3)(a) defines remuneration as any payment or other benefit made directly or indirectly, overtly or covertly, or in cash or in kind to the guardian. The undersigned guardian hereby declares that:

( ) I have **not** received any remuneration, compensation, payment, benefit, or anything of value from any source for services rendered to or on behalf of the ward during the reporting period

OR

( ) I have received remuneration, compensation, payment, benefit, or other thing of value for services rendered to or on behalf of the ward during the reporting period. A detailed statement of all such remuneration, including the amount, source, date received, and nature of the services provided, is attached to this report.

**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 \_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Guardian's Address

\_\_\_\_\_  
Guardian's Phone Number

\_\_\_\_\_  
Guardian's E-mail Address