IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT FOR POLK COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF **CASE NO.:**
DIVISION 17

_____

Alleged Developmentally Disabled Person (DDP),

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

If limited guardianship, check rights which were removed:

☐to marry	☐determine residency	☐to sue/defend	☐to travel
☐to contract	☐apply for gov't benefits	☐to give gifts	☐driver's license
☐vote	☐choose social environment	☐consent to treatment	☐seek employment

_____, the guardian of the person of _____ (the DDP), who presently resides at _____ _____submits the following plan as the Initial Guardianship Plan.

1. During the period beginning _____, 20_____ and ending _____, 20_____, the guardian proposes the following plan for the benefit of the DDP.

a.) Medical, mental or personal care services to be provided for the best welfare of the ward *(Which doctor(s) does the ward visit regularly? What kind of assistance does the ward require for activities of daily living? Does the ward require any mental health care?):*

b.) Social and personal service to be provided for the best welfare of the ward *(The guardian must detail all services provided to or for the ward, including any services provided by friends, family, paid caregivers or facility staff.):*

c.) Place and kind of residential setting best suited for the needs of the ward *(Please list the ward's address, name and type of facility, if applicable, and describe why this is the best, least restrictive, living arrangement for 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 *(list all types of income/benefits received by or for the ward, for example, Social Security, pensions, Medicare, Medicaid, ect…):*

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 *(Do NOT include examining committee physicians or reports. What care providers does the guardian intend to have the ward see in the coming reporting period?):*

2. a. List of any preexisting orders not to resuscitate executed under s. 401.45(3) or preexisting advance directives, as defined in s. 765.101. For every directive or order listed, you must also list the date the order or directive was signed, and whether such order or directive has been suspended by the court *(List all advance directives signed by the ward, prior to the declaration of incapacity, the date signed, and whether any directives were ever suspended by the court):*

b. Give a description of the steps taken to identify and locate the preexisting order not to resuscitate or advance directive.

3. The guardian hereby attests that 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, and to the maximum extent reasonable, the plan is in accordance with the wishes of the ward.

4. 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_____, 20____.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

(Guardian)

_____

Attorney for Guardian

Print Name: _____

Florida Bar No. _____

Phone Number: _____

Phone Number: _____

Email Address: _____

REMEMBER CERTIFICATE OF SERVICE:
***On Ward, if a Limited Guardianship**
***Ward's Attorney (usually court-appointed)**
***Interested Persons/Parties**

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA, PROBATE DIVISION

IN RE: GUARDIANSHIP OF

CASE NO.

A person with a Developmental Disability (DDP).
_____/

ANNUAL ACCOUNTING OF GUARDIAN ADVOCATE(S) OF THE PROPERTY

_____, the Guardian Advocate(s) of the property of _____ (the DDP), submits the following annual accounting for the inventory of the guardianship for the period beginning _____, and ending _____:

SUMMARY: **Total**

I. Starting Balance: Assets per Inventory or on Hand at Close of Last Accounting Period $_____

II. Receipts: Schedule A

Income	Principle		
$	**$**		**$_____**
		Sub-Total:	$_____

III. Disbursements: Schedule B

Income	Principle		
$	**$**		**$_____**
		Sub-Total:	$_____

IV. Capital Transactions and Adjustments: Schedule C - Net Gain or (Loss)

$_____

Sub-Total: $_____

V. Assets on Hand at Close of Accounting Period:

Schedule D - Cash & Other Assets

$_____

REPORT OF GUARDIAN ADVOCACY OF PROPERTY - ACCOUNTING

GUARDIAN ADVOCACY OF _____
From: _____, and ending _____

SCHEDULE A: Receipts

Date:	Brief Description of Items:	Income:	Principle:

Account Name: _____

TOTAL THIS ACCOUNT: $ _____ $_____

Account Name: _____

TOTAL THIS ACCOUNT: $ _____ $_____

TOTAL FOR SCHEDULE A: **$_____**

REPORT OF GUARDIAN ADVOCACY OF PROPERTY - ACCOUNTING

GUARDIAN ADVOCACY OF _____
From: _____, and ending _____

SCHEDULE B: Disbursements

Date:	Check No.	Brief Description of Items:	Income:	Principle:

Account Name: _____

TOTAL THIS ACCOUNT: $ _____ $_____

Account Name: _____

TOTAL THIS ACCOUNT: $ _____ $_____

TOTAL FOR SCHEDULE B: **$_____**

REPORT OF GUARDIAN ADVOCACY OF PROPERTY - ACCOUNTING

GUARDIAN ADVOCACY OF _____
From: _____, and ending _____

SCHEDULE C: Capital Transactions and Adjustments

Date:	**Brief Description of Transaction:**	**Net Gain:**	**Net Loss:**

Market Fluctuations:

Total Gain for Market Fluctuation: *$_____*
Total Loss for Market Fluctuation: *($_____)*

Lateral Transactions:

Bank Names/Acct #	Transfers In:		Transfers Out:	
	Date:	Amount:	Date:	Amount:

Total Transfers In for Schedule C: *$_____*
Total Transfers Out for Schedule C: *($_____)*

Changes in Personal Property:

Date:	Description:	Gain:	Loss:

Total Gain for Changes in Personal Property: *$_____*
Total Loss for Changes in Personal Property: *($_____)*

TOTAL NET GAIN/LOSS FOR SCHEDULE C:

REPORT OF GUARDIAN ADVOCACY OF PROPERTY - ACCOUNTING

GUARDIAN ADVOCACY OF _____
From: _____, and ending _____

SCHEDULE D: Assets on Hand at Close of Accounting Period

ASSETS OTHER THAN CASH:	**Estimated Current Value:**	**Estimated Liens/ Encumbrances/Mortgages:**
Gross Total - Other Assets:	$_____	
Total Estimated Liens/ Encumbrances/Mortgages:		($_____)
Net Total – Other Assets *(Less estimated liens/Encumbrances/mortgages)*	$_____	

CASH:

Gross Total – Cash:	$_____	
Total Estimated Liens/ Encumbrances/Mortgages:		($_____)
Net Total – Cash: *(Less estimated liens/ Encumbrances/mortgages)*	$_____	

TOTAL ASSETS **$_____**
(Net Total of Other Assets + Net Total of Cash)

REPORT OF GUARDIAN ADVOCACY OF PROPERTY - ACCOUNTING

GUARDIAN ADVOCACY OF _____
From: _____, and ending _____

REMUNERATION FOR SERVICES RENDERED

Please check one:

(___) The Guardian has received the following remuneration for services rendered during this accounting period to or on behalf of the Ward:

DESCRIPTION	AMOUNT
_____	$_____
_____	$_____

- OR -

(___) The Guardian has not received any remuneration for services rendered during this accounting period to or on behalf of the Ward from any source.

REPORT OF GUARDIAN ADVOCACY OF PROPERTY - ACCOUNTING

GUARDIAN ADVOCACY OF _____
From: _____, and ending _____

The undersigned Guardian Advocate(s) certify that the Guardian Advocate(s) have obtained a receipt or canceled check for all expenditures and disbursements made on behalf of the Ward, which the Guardian Advocate(s) will preserve along with other substantiating papers for a three (3) year period after discharge of the Guardian Advocate(s), and will upon request be made available for inspection as the Court may order.

Attached are copies of the annual or year-end statements of all the Ward's cash accounts from each of the institutions where the cash is deposited.

Attached is the required fee for the auditing of this accounting (unless waived by court order).

Under penalties of perjury, I declare that I have read and examined the foregoing accounting and that, to the best of my knowledge and belief, it constitutes a full and correct account of the receipts and disbursements of all of the Ward's property over which the Guardian Advocate(s) has control, including a complete report of all cash and property transactions and of all receipts and disbursements by the Guardian Advocate(s) from _____, and ending _____, and a statement of the Ward's assets at the end of the accounting period.

Signed on _____, 20___.

_____
_____, Guardian
Address:_____
__
Tel: _____
Email: _____

_____
Attorney for Guardian
Print Name: _____
Florida Bar No. _____
Phone Number: _____
Phone Number: _____
Email Address: _____

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

CASE NO.

A developmentally disabled person.
_____/

ANNUAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN ADVOCATE(S) OF PERSON
(adult ward)

_____, the guardian advocate(s) of the person of _____ (the Ward), submits the following plan as the Annual Guardianship Report of this guardian advocacy:

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

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

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

LOCATION	DATES	LENGTH OF STAY
_____	_____ to	_____
_____	_____	
_____	_____ to	_____
_____	_____	

3. The current residential setting is 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. The following is a description of the Ward's medical, mental health and rehabilitation needs:

6. Pre-Existing Orders Not to Resuscitate or any other Advance Directive
(Check One)

(__) There are NO pre-existing orders Not to Resuscitate (a/k/a "DNR") or any other advance directive and I have taken the following steps to verify there are none:

(__) Search of ward's prior and current residence
(__) Inventory of ward's safe deposit box
(__) Interviewed family and friends
(__) Requested documents from the ward's medical providers
(__) Requested documents from the ward's attorney
(__) Other: _____

(__) The ward executed the following advanced directives:

(__) Order Not to Resuscitate, F.S. 401.45(3) (aka "DNR")
(__) Advanced Directive for Healthcare (including but not limited to: healthcare surrogate, living will or anatomical gift)
(__) Durable Power of Attorney, F.S. Chapter 709
(__) Other: _____
Has a Court suspended or revoked the Order/Directive: (__) Yes (__) No
Date of Order: _____ entered _____(County/State)

7. The following is a description of professional medical treatment given to the Ward during the preceding year (if you need additional space, please continue on separate sheet of paper):

NAME OF PHYSICIAN	TREATMENT	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Attached is a report of a physician who examined the Ward no more than 90 days before the beginning of the report period, containing an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

9. The plan for providing medical, mental health and rehabilitative services in the coming year is as follows:

10. The following information is submitted concerning the social condition of the Ward:

a. The social and personal services currently used by the Ward are as follows (if you need additional space, please continue on separate sheet of paper):

NAME AND ADDRESS	SERVICES RENDERED
_____	_____
_____	
_____	
_____	_____
_____	
_____	

b. The following is a statement of the social skills of the Ward, including how well the Ward communicates and maintains interpersonal relationships:

c. The following is a description of the social needs of the Ward:

11. The following is a summary of activities during the preceding year that were designed to enhance the capacity of the Ward:

12. The Ward is now capable of having some or all of the Ward's rights restored. If so, the rights that should be restored are identified as follows:

13. I (do) (do not) plan to seek the restoration of any rights to the Ward.

14. This plan (has) (has not) been reviewed with the Ward to the extent possible.

15. The Guardian *(please check one):*

(__) has received the following remuneration for services rendered to or on behalf of the Ward:

DESCRIPTION	AMOUNT
_____	$_____
_____	$_____

- OR -

(___) has not received any remuneration for services rendered to or on behalf of the Ward from any source.

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_____, 20____.

Signature _____
Name _____
Address _____
Phone _____
E-mail address _____
(Guardian)

_____
Attorney for Guardian
Print Name: _____
Florida Bar No. _____
Phone Number: _____
Phone Number: _____
Email Address: _____

IN THE CIRCUIT COURT FOR POLK COUNTY, FLORIDA
GUARDIANSHIP DIVISION

N RE: THE GUARDIAN ADVOCACY OF _____
Name of Developmentally Disabled Person (DDP)

Case No.:
Division: 17

PHYSICIAN'S REPORT
(Required by Florida Statues, Section 744.3675)

1. Name of Physician: _____

   Address: _____

   _____

2. Name of ward: _____

3. Date of examination: _____

4. Evaluation of ward's condition: (Specify mental and physical condition at time of examination)

_____
_____
_____
_____

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

_____
_____
_____
_____
_____

6. The ward ☐ does ☐ does not continue to need the assistance of a guardian.

7. Is the ward capable of being restored to capacity at this time? ☐ Yes ☐ No

8. Date of this report: _____

9. Signature of physician completing this report: _____

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA, PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF

CASE NO.

A developmentally disabled person.
_____/

VERIFIED INVENTORY OF GUARDIAN ADVOCATE(S)
(Initial Guardianship Report of Guardian of the Property)

_____, the guardian advocate(s) of the property of _____ (the Ward), files, as the Initial Guardianship Report of the Guardian Advocates of the Property, this inventory of all the property of the Ward that has come into the guardian's possession or knowledge, including identification of any trust of which the Ward is a beneficiary and specifying all encumbrances, liens and other secured claims on any item as of _____. All property not in the guardian's possession as of the date of this inventory is identified by an asterisk (*) in the right margin.

REAL PROPERTY:

Description and Location of Property and of Encumbrances, Liens or Security Interests on any Item	Estimated Fair Market Value	Estimated Amount of Encumbrances, Liens or Security Interests

Total Estimated Value of Real Estate	$_____
Less: Encumbrances, Liens and Security Interests	$_____
Estimated Net Value of Real Estate	$_____

PERSONAL PROPERTY:

Description and Location of Property	Estimated Fair Market Value	Estimated Amount of Encumbrances, Liens or Security Interests

Total Estimated Value of Personal Property	$_____
Less: Encumbrances, Liens and Security Interests	$_____
Estimated Net Value of Personal Property	$_____

TOTAL ESTIMATED NET VALUE OF ALL PROPERTY $ _____

CASH ASSETS:

Description and Location of Property	Estimated Fair Market Value	Estimated Amount of Encumbrances, Liens or Security Interests

Total Estimated Value of Cash Assets: $ _____

Less: Encumbrances, Liens and Security Interests: $ _____

Estimated Net Value of Cash Assets: $ _____

TOTAL ESTIMATED NET VALUE OF ALL PROPERTY: $ _____
(Real Property/Personal Property/Cash Assets)

(Note: Attached to this Inventory are copies of the most current statements of all of the Ward's cash assets from all institutions where the cash is on deposit.)

LOCATION OF SAFE DEPOSIT BOX (if any):

1. _____
_____
_____

CLAIMS:

Name and Address of Potential Claimant	Basis for Claim	Estimated Amount of Claim

INCOME:

Description of All Income of Ward, Including Name and Address of Payor		Frequency of Payment	Amount of Payment
1.	Payor: _____ Address: _____ _____ Description: _____	Monthly	$_____
2.	Payor: _____ Address: _____ _____ Description: _____	Monthly	$_____

CAUSES OF ACTION:

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 _____, 20___.

_____
Name:
Address:
City/State/Zip:
Tel:
Email:

_____
Attorney for Guardian
Print Name:
Florida Bar No.
Phone Number:
Phone Number:
Email Address:

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR POLK COUNTY, FLORIDA,

IN RE: THE GUARDIANSHIP OF **Case No.:**_____

_____

SIMPLIFIED ANNUAL PLAN

The undersigned, as the Guardian Advocate(s) or Guardian(s) of the above-named ward, report(s) for the period beginning _____ and ending _____ _____, shall be as follows:

1. The name and address of all places the ward has resided during the preceding year.

   _____

   _____

   _____

2. Why is this the best placement for the ward?

   _____

   _____

   _____

3. List all professional medical/mental health treatment the ward has received during the past year (did the ward see a doctor, dentist, or mental health professional, if so when?):

   _____

   _____

   _____

   _____

   _____

4. What is/are the ward's current diagnosis and condition(s) which cause(s) him/her to continue to need a guardian advocate/guardian?

   _____

   _____

   _____

   _____

5. What personal and social services were provided for the ward in the past year (i.e., programs attended, vacations, in-home activities, out-of-the home activities, what does the ward like to do for entertainment or in his/her free time)?

_____

_____

_____

_____

6. In the past year, how has the ward interacted with others, including the guardian advocate(s)/guardian(s) and family members (if the ward is not able to interact, state why)?

_____

_____

_____

_____

7. Should any of the rights previously delegated to the guardian advocate(s)/guardian(s) be restored to the ward at this time?

☐ No

☐ Yes. If Yes, identify the specific right(s) (such as to consent to medical treatment, to determine residence, to manage property, etc.) and explain why it should be restored.

_____

_____

_____

8. Since the guardianship was established or the last annual guardianship report, the following was executed by or on behalf of the Ward *(attach and file copies of the documents referenced below if not previously filed with the Court):*

☐ Do Not to Resuscitate ("DNR")

☐ Living Will/ Anatomical Gift

☐ Healthcare Surrogate Designation

☐ Power of Attorney

☐ Other Advanced Directive_____

☐ NONE

9. As the Guardian Advocate(s)/Guardian(s) have you received any **payments, goods, or services** for work or care provided on behalf of the ward (this does NOT include payments, goods, or services received from a government benefits program such as Social Security, Medicaid, Medicare, and/or Agency for Persons with Disabilities)?

☐ No

☐ Yes. If Yes, please explain.

_____

_____

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

DATED_____ _____, 20_____.

_____
Guardian /Guardian Advocate Signature

_____
Printed name

_____
Email Address

_____
Phone Number

_____

_____
Mailing Address

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

DATED_____ _____, 20_____.

_____
Guardian /Guardian Advocate Signature

_____
Printed name

_____
Email Address

_____
Phone Number

_____

_____
Mailing Address

Filing Instructions:

- The original copy of this Simplified Annual Plan must be filed with the Clerk of the Circuit Court: Polk County, 255 N Broadway Avenue, Bartow, FL 33830. Filing questions can be addressed by calling (863) 534-4000.
- Instructions on e-filing documents are available at https://www.myflcourtaccess.com.