

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

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

Alleged Developmentally Disabled Person (DDP),

DIVISION 17

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

If limited guardianship, check rights which were removed:

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> to marry | <input type="checkbox"/> determine residency | <input type="checkbox"/> to sue/defend | <input type="checkbox"/> to travel |
| <input type="checkbox"/> to contract | <input type="checkbox"/> apply for gov't benefits | <input type="checkbox"/> to give gifts | <input type="checkbox"/> driver's license |
| <input type="checkbox"/> vote | <input type="checkbox"/> choose social environment | <input type="checkbox"/> consent to treatment | <input type="checkbox"/> 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, etc...*):

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**