

In the Circuit Court of the
Fourth Judicial Circuit,
in and for Nassau County, Florida

Probate Division
Case No. _____

In Re: Guardianship of

Minor Ward

ANNUAL GUARDIANSHIP PLAN FOR MINOR

.....(Guardian's name)....., the guardian of the person of(ward's name)....., submits the following annual plan for the period beginning on(beginning date)..... and ending on(ending date).....

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(date).....

[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(name, address used for service, mailing address, and e-mail address)..... by(e-mail) (delivery) (mail) (fax)..... on(date).....]

Guardian's Signature

Guardian's Printed Name: _____

Guardian's Address: _____

Guardian's Phone Number: _____

Guardian's E-mail Address: _____