

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

Probate Division
Case No. _____

In Re: Guardianship of

Respondent's Name
Person with Developmental Disability

INITIAL GUARDIANSHIP PLAN
(Initial Report of Guardian/Guardian Advocate)

.....(Guardian's name)....., the guardian of the person/guardian advocate of(ward's name)....., the ward, submits the following initial plan:

During the period beginning(beginning date)....., and ending on(ending date)....., the guardian proposes the following plan for the benefit of the ward.

1. The medical, mental, or personal care services for the welfare of the ward that will be provided during the upcoming year are:

<u>Provider</u>	<u>Type of Service to be Provided</u>

2. The social and personal services to be provided for the welfare of the ward during the upcoming year are:

3. The place and kind of residential setting best suited for the needs of the ward is:

4. Describe the 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: _____

5. The physical and/or mental examinations necessary to determine the ward's medical, and mental health treatment needs are: _____

6. The guardian/guardian advocate hereby attests that the guardian/guardian advocate 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.

7. This initial plan does not restrict the physical liberty of the ward more than is reasonably necessary to protect the ward 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.

(Please use additional sheets if necessary)

8. There are _____ are not _____ any preexisting orders not to resuscitate or preexisting advance directives.

Please list: the date the order or directive was signed, whether the order or directive has been revoked, modified, or suspended by the court, and a description of the steps taken to identify and locate a preexisting order not to resuscitate or advance directive.

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 unless ward has been declared totally incapacitated.]

[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: