

**RULE 5.904. FORMS FOR INITIAL AND ANNUAL GUARDIANSHIP PLANS**

**(a) Initial Guardianship Plan for Minor.**

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  
\_\_\_\_\_

INITIAL 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)....., for the benefit of the ward.

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

2. The medical, dental, 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> |
|-----------------|---------------------------------------|
|                 |                                       |
|                 |                                       |
|                 |                                       |
|                 |                                       |

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

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

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

6. Education of the ward:

Name and address of the school the ward will attend: \_\_\_\_\_  
\_\_\_\_\_

Grade level of ward: \_\_\_\_\_

Description of classes the ward will attend: \_\_\_\_\_

7. 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.

8. 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)

**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:

If the guardian is represented by counsel, the attorney must comply with Florida Rule of Judicial Administration 2.515.