

IN THE FIFTH CIRCUIT COURT IN AND FOR HERNANDO COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF

Case No.: _____.

INITIAL PLAN OF GUARDIAN ADVOCATE OF THE PERSON

_____, the Guardian Advocate of the person of _____ (the person with a developmental disability), who presently resides at _____

submits the following plan as the Initial Guardian Advocate Report of this Guardian:

1. During the period beginning _____, and ending _____, the Guardian Advocate proposes the following plan for the benefit of the person with a developmental disability, which is based upon the Order Appointing a Guardian Advocate:

- a. Medical, mental or personal care services to be provided for the welfare of the Ward:

- b. Social and personal services to be provided for the welfare of the Ward:

- c. Place and kind of residential setting best suited for the needs of 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:

- 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:

2. The Guardian Advocate attests that:

The 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.

3. To the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.

4. This Initial 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 _____

Guardian Advocate

IN THE FIFTH CIRCUIT COURT IN AND FOR HERNANDO COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCATE OF

CASE NO.

PHYSICIAN'S REPORT

1. Name of Physician: _____

Address: _____

2. Name of ward: _____

3. Date of examination: _____

4. Purpose of examination:

a. Regular checkup _____

b. Treatment for _____

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

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

7. The ward (circle one) **does** or **does not** continue to need assistance of a guardian.

8. Is the ward capable of being restored to capacity at this time? (circle one) **Yes** or **NO**

9. Date of this report: _____

10. Signature of physician completing this report: _____