

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA PROBATE DIVISION**

IN RE: The Guardianship of

**Case No:
Section:**

Minor

Amended Form

Yes No

Version of the Amended Form? 1st 2nd 3rd

Professional Guardian?

Yes No

Public Guardian?

Yes No

ANNUAL GUARDIANSHIP PLAN

FOR THE PERIOD OF TIME _____ TO _____

_____ Plenary Guardian of the Person of
 _____ submits the following Annual Guardianship Plan for the Minor:

1. The Minor presently resides at the following location:		
Residence Name:		
Street Address:		
City:	State:	Zip:
Phone Number: ()		

2. The Minor during the preceding 12 months resided at the following locations:		
A. Residence Name:		
Street Address:		
City:	State:	Zip:
Phone Number: ()		
B. Residence Name:		
Street Address:		

City:	State:	Zip:
Phone Number: ()		

<p>3. The following is a description of the medical and/or mental health treatment provided to the Minor during the preceding 12 months:</p>		
Provider's first name, last name, and middle initial (First Line) Provider's street address (Second Line) Provider's City/State/Zip (Third Line) Provider's Phone Number (Fourth Line)	Type of Provider :	Number of Visits
A. First MI Last	Primary Care Physician	
Street Address:		
City:	State:	Zip:
Phone Number: (xxx) xxx-xxxx		
B. First MI Last	Primary Care Physician	
Street Address:		
City:	State:	Zip:
Phone Number: (xxx) xxx-xxxx		
C. First MI Last	Primary Care Physician	
Street Address:		
City:	State:	Zip:
Phone Number: (xxx) xxx-xxxx		
D. First MI Last	Primary Care Physician	
Street Address:		
City:	State:	Zip:
Phone Number: (xxx) xxx-xxxx		
E. First MI Last	Primary Care Physician	
Street Address:		
City:	State:	Zip:
Phone Number: (xxx) xxx-xxxx		
F. First MI Last	Primary Care Physician	
Street Address:		
City:	State:	Zip:
Phone Number: (xxx) xxx-xxxx		

<p>4. The guardian for the plan period proposes the following as to the provision of medical services for the Minor:</p> <p><input type="checkbox"/> Routine examination by primary care physician <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>

C. The guardian provides the following statement of how well the Minor communicates with others:

D. The guardian provides the following statement of how well the Minor maintains interpersonal relationships:

E. The guardian provides the following description of the unmet social needs of the Minor:

- No Unmet Needs
- The Minor does not care to socialize
- Unmet Needs
- Other

Explanation: (required only if 'Other' checked)

**CERTIFICATION AND SIGNATURE OF
GUARDIAN(S)**

(Check all that apply)

- The Ward was declared totally incapacitated.
- The Ward is a minor.
- The guardian has consulted with the Ward, to the extent reasonable, has honored the Ward's wishes, and to the maximum extent possible the plan is in accordance with the Ward's wishes or consistent with the rights retained by the Ward.
- The plan does not restrict the physical liberty of the Ward except as necessary to protect the Ward and others from serious physical injury, illness, or disease.
- The plan provides for the Ward's medical care and mental health treatment.
- The physician's statement of an examination of the Ward no more than 90 days before the beginning of the plan period is attached.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, and the facts alleged are true, to the best of my knowledge and belief.

Date signed by Guardian _____

Guardian Signature

Guardian Name

Guardian Taxpayer Identification #

Guardian Telephone #

Guardian Mailing Address

Guardian City State, Zip

Guardian's relationship to Ward: _____

Guardian's Email Address: _____

Date signed by Co-Guardian _____

Co-Guardian Signature

Co-Guardian Name

Co-Guardian Taxpayer Identification #

Co-Guardian Telephone #

Co-Guardian Mailing Address

Co-Guardian City State, Zip

Co-Guardian's relationship to Ward: _____

Co-Guardian's Email Address: _____

CERTIFICATION AND SIGNATURE OF PREPARER

The preparation of this form is based upon the information provided by the guardian(s) and/or attorney with no independent verification of the information contained herein. I have not audited or reviewed the guardianship plan or documents supporting the preparation of the guardianship plan and, accordingly, do not express an opinion or any other form of assurance as to the accuracy of the information contained in the plan.

Date signed by Preparer _____

Preparer Signature

Preparer Name

Preparer Taxpayer Identification #

Preparer Telephone #

Preparer Mailing Address

Preparer City, State, Zip

Preparer's Email Address: _____

**CERTIFICATION AND SIGNATURE OF
GUARDIAN'S ATTORNEY**

The undersigned hereby notifies the Court of the filing of the initial guardianship plan of the guardian of the person. This initial plan is the representation of the guardian. I have not audited the accompanying initial guardianship plan. The undersigned attorney represents that he/she has examined the contents of this plan and that it conforms to the requirements of the Florida Guardianship Law.

Date signed by Attorney: _____

Attorney Signature

Attorney Name

Attorney Florida Bar Number

Attorney Telephone #

Attorney Mailing Address

Attorney City, State, Zip

Guardian's Attorney Email Address: _____