

IN THE CIRCUIT COURT
FOR LAKE COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCATE OF

Case No: _____

ANNUAL GUARDIAN ADVOCATE REPORT
ANNUAL GUARDIAN ADVOCATE PLAN OF GUARDIAN OF PERSON
(FORM J)

I, _____, the Guardian Advocate of the person of _____ (the person with a developmental disability), who presently resides at _____, and was appointed as Guardian Advocate by this Court on _____ submits the following plan as the Annual Guardian Advocate Report of this Guardian Advocate:

The Annual Guardianship Plan for the period beginning _____, and ending _____, shall be as follows:

1. The Ward's address at the time of filing this plan is

2. During the preceding year, the Ward resided at (include dates, names, addresses and length of stay at each place):

3. The current residential setting (circle one) **is** or **is not** best suited for the current needs of the Ward.

4. Plans for ensuring that the Ward is in the best residential setting to meet the Ward's needs during the coming year are as follows:

5. Description of professional medical treatment given to the Ward during the preceding year:

PHYSICIAN TREATMENT DATE _____

6. Report of a physician who examined the Ward no more than ninety (90) days before the beginning of the reporting period is **attached**. Report contains an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

7. Plan for provision of medical, mental health, and rehabilitative services in the coming year is as follows:

8. Information concerning the social condition of the Ward is submitted as follows:

A. The social and personal services currently utilized by the Ward are:

B. State the social skills of the Ward, including how well the Ward maintains interpersonal relationships with others:

C. Describe the Ward's activities at communication and visitation:

D. Description of the social needs of the Ward:

9. Summary of activities during the preceding year designed to increase the capacity of the Ward:

10. The Ward (circle one that applies) **is** or **is not** capable of having some or all of his/her rights restored. If capable, identify rights that should be restored.

11. I/We (circle one) **do** or **do not** plan to seek the restoration of any rights to the Ward.

12. This plan (circle one) **has** or **has not** been reviewed with the Ward to the extent possible.

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 the _____ day of _____

Attorney for Guardian Advocate

Florida Bar No. _____

Signature of Guardian Advocate

Signature of Guardian Advocate (if applicable)

Address

Signature of Ward (If applicable)

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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 Advocate.
8. The Ward (circle one) **is** or **is not** capable of being restored to capacity at this time.

Examining Physician's signature

Date of report