

- 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.

5. There (circle one) **are or are not** any pre-existing orders not to resuscitate or pre-existing directives. If so, please give the date the order or directive was signed, and whether such order was suspended by the court. Please give a description of all steps taken to identify or locate the pre-existing order or directive.

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