

GUARDIAN ADVOCATE INFORMATION

For Persons with a Developmental Disability

What is a Guardian Advocate?

Often a Guardian Advocate needs to be appointed when a person with a developmental disability turns 18 years old. Upon becoming an adult, the parent no longer has the ability to make decisions for them. Guardian Advocacy is a process for families, caregivers, and friends of individuals with a developmental disability to obtain guardianship "without" declaring the individual incompetent. Guardian Advocate appointments are governed by Florida Statute Section 393.12. The appointment of a Guardian Advocate allows the guardian to make decisions for the person with a developmental disability. Not everyone with a developmental disability needs a legal guardian. One is necessary if the person lacks the decision-making ability to make necessary decisions relating to daily life. During any Guardian Advocate proceedings, the Court will appoint an attorney for the person with a developmental disability to ensure their best interest is protected.

The Guardian Advocate is responsible for only those duties approved by the Judge and listed in the Court Order. The process of becoming a Guardian Advocate of the person does not require hiring an attorney. If there is property involved, other than social security benefits or other government payee programs, the person seeking to become a Guardian Advocate of the person and the property must hire an attorney. These property rights include, but are not limited to: a pending lawsuit, estate matter, or other income or property right coming to the person with a developmental disability. The court can expand the description of property rights by Petition and Order.

Background Check Requirements:

Florida Statute Section 744.3135 requires non-professional Guardian Advocates to submit, at their own expense, to an investigation of the Guardian Advocate's credit history and to a level 2 background screening. This requirement can be waived on a case-by-case basis by filing a Petition requesting an Order to be signed by Judge. The background screening requires the proposed Guardian Advocate to obtain a fingerprint card from the Office of the Clerk's and take this card to a law Enforcement agency to be fingerprinted. Then the card shall be returned to the Office of the Clerk of Courts.

ORI #FL028023Z

*****CONTACT THE SHERIFF'S OFFICE FOR THE LEVEL 2 GUARDIANSHIP BACKGROUND*****
\$41.00 FEE IF USING CASH OR CHECK, ADDITIONAL \$1.75 IF USING A DEBIT OR CREDIT CARD

The Step-by-Step Process of Becoming a Guardian Advocate:

1. Complete Necessary Paperwork.
 1. Application for Appointment as Guardian Advocate. Application for Appointment as Standby Guardian Advocate.
 2. Joinder signed by the proposed Standby Guardian Advocate.
 3. Petition for Appointment of Guardian Advocate of the Person/or Person and Property. Oath of Guardian Advocate, Designation & Acceptance. 2. File all Paperwork with Clerk's Office.
 - The person filing the paperwork is called the Petitioner.
 - The Petitioner should attach a copy of the medical records of the person with a developmental disability to the Physician's Report.
 - Petitioner must pay the required filing fees.
3. Give Notice of Filing Petition for Appointment of Guardian Advocate.
 - The Clerk's office will provide to the Attorney for the alleged Developmentally Disabled Person (DDP) the documents to serve notice to the DDP the petition that was filed and the date and time of the hearing which is set by the Judicial Assistant for the Judge.
 - The Probate Division will set the Notice of Hearing and provide to all parties.
 - The Petitioner will attend with the person with a developmental disability if they are able to travel.

Detailed Process for Appointment of a Guardian Advocate(s):

First: Complete all the necessary paperwork.

Application for Appointment as Guardian Advocate(s):

This includes basic information about the person requesting to be appointed Guardian Advocate of the person with developmental disabilities.

Application for Appointment as Standby Guardian Advocate:

Application and appointment of Standby Guardian is optional. If a Standby Guardian Advocate is appointed, they will not take any action for the benefit of the person with a developmental disability until the appointed Guardian Advocate is unable to perform their duties either because of death, removal, resignation, or adjudication of incompetency. The proposed Standby Guardian Advocate must sign a **Joinder**, and file it with the Petition for Appointment of Guardian Advocate and the Application of Standby Guardian Advocate.

Petition for Appointment of Guardian Advocate(s):

The Petition **must** state the following:

- Name, age, present address of individual filing petition and his or her relationship to the person with developmental disability.
- Name, age, county of residence, and present address of the person with a developmental disability.
- State why the person filing petition feels a Guardian Advocate is necessary.
 - Include specific factual information.
- State specific areas where the person lacks decision-making ability.
- Specify the legal disabilities as defined in Florida Statute 393.063(9).
- State name of proposed Guardian Advocate(s), relationship to the person with a development disability.
- Also, state any relationship the proposed Guardian Advocate has or had with provider of health services, residential services, or other services to the person with a developmental disability.
- Pursuant to Probate Rule S.649(a) (7) the petition must state whether the petitioner has knowledge, information, or belief that the person with a developmental disability has created an advanced directive, or a durable power of attorney.

Second: File all paperwork with the Clerk's Office.

You may file by mailing the documents to:

Clerk of the Court
Probate Department
590 S. Commerce Ave.
Sebring, FL 33870

You may file the documents at the Clerk's Office located in the Basement Room #5 of the main Courthouse.

Filing Fees:

Guardian Advocate of Person only: \$235.00

Guardian Advocate of Person and Property: \$400.00

Upon filing the Petition for Appointment of a Guardian Advocate(s)

- The Court will appoint an attorney to represent the person with a developmental disability (Only).
- The attorney will meet with the person with a developmental disability and the petitioner must cooperate with the court appointed attorney.

Third: Give notice of filing of Petition for Appointment of Guardian Advocate.

Notice **must** be given to the following:

- The person with a developmental disability verbally and in writing.
- Both in English and language of the person.
- The next of kin of the person with a developmental disability.
- The Health Care Surrogate designated by an advanced directive if the person with a developmental disability has created one.
- An agent under a Durable Power of Attorney, if the person with a developmental disability has one.

A copy of the Petition for Appointment of a Guardian Advocate must be served with the notice.

The notice **must** state:

- Hearing will be held to inquire into capacity of person with a developmental disability to exercise rights listed in petition.
- Date of hearing.
- The person with a developmental disability has right to an attorney of his or her choice but the court shall appoint them one initially.

Fourth: Hearing.

Once all the necessary documents are filed with the court, a case number is assigned: The Probate clerk will contact the Judge's Judicial Assistant to set the hearing date and time. The facts of the petition will be presented to the Judge. The Judge will make a decision whether or not to appoint a Guardian Advocate. The person with a developmental disability has the right to be present at the hearing.

At the hearing the Judge may issue an Order Appointing Guardian Advocate of the Person/or Person and Property and Letters of Guardian Advocate.

Upon Appointment of a Guardian Advocate:

If the Judge decides the person with a developmental disability needs a Guardian Advocate the Judge will enter an Order Appointing a Guardian Advocate and issue Letters of Guardian Advocate of the Person or Person and Property. The Order will contain the powers, duties, and responsibilities of the Guardian Advocate.

The person with a developmental disability retains all legal rights except those which the court gives to the Guardian Advocate.

Requirements for Guardian Advocates after Court Appointment:

Education Requirement

Florida Statutes 393.12(.10) and 744.3134 requires every person appointed as a Guardian Advocate to complete educational training. Once a person is appointed by the court to be the Guardian Advocate, they must complete the required training within four months of his or her appointment. The Court may, in its discretion, waive the educational requirement based on experience and education of guardian, duties assigned to guardian, and the needs of the person with a developmental disability. Each person appointed to be a Guardian Advocate must complete a minimum of **8 hours** of instruction and training. See the Probate Office for more details.

Required Filings with Court after Appointment

Guardians are required to file certain periodic reports with the Court. Failure to comply with any of the reporting requirements may require appearance before the Court and fines, removal, or other actions may be taken against the Guardian Advocate.

Required Plans

Initial Plan:

Must be filed within 60 days of appointment as Guardian Advocate

Must include the following:

- Statement of medical, mental, or personal care services for the welfare of the ward.
- Statement of social and personal services for the welfare of the ward.
- The place and kind of residential setting best suited for the needs of the ward.
- The application 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; and
- Any physical and mental examinations necessary to determine the wards medical and mental health treatment needs.

Annual Plan:

Must be filed within 90 days from the anniversary date of appointment as Guardian Advocate

Report must include:

Information concerning the residence of the ward, including:

- The ward's address at the time of filing the plan.
- The name and address of each place where the ward was maintained during the preceding year.
- The length of stay of the ward at each place.
- A statement of whether the current residential setting is best suited for the current needs of the ward.
- Plans for ensuring during the coming year that the ward is in the best residential setting to meet his or her needs.

Information concerning the medical and mental health conditions and treatment and rehabilitation needs of the ward, including:

- A resume of any professional medical treatment given to the ward during the preceding year.
- A report of a physician who has examined the ward within the last 90 days before the reporting period. The report must contain an evaluation of the ward's condition and a statement of the current level of capacity of the ward.
- The plan for providing medical, mental health, and rehabilitative services in the coming year.

Information concerning the social condition of the ward, including:

- The social and personal services currently used by the ward.
- The social skills of the ward, including a statement of how well the ward communicates and maintains interpersonal relationships.
- The social needs of the ward.

Each plan must address the issue of restoration of rights to the ward and include:

- A summary of activities during the preceding year that were designed to enhance the capacity of the ward.
- A statement of whether the ward can have any rights restored.
- A statement of whether restoration of any rights will be sought.

Restoration of Rights:

Any interested person, including the person with a developmental disability, may file a suggestion of restoration of rights with the court. This must state the person with a developmental disability is currently capable of exercising some or all of the rights given to the Guardian Advocate. Meaning the person is no longer in need of a Guardian Advocate. Some evidentiary support must be included in the filing of the suggestion. Such evidentiary support includes: a signed statement from a medical, psychological, or psychiatric doctor who has evaluated the person with a developmental disability. If no evidentiary support can be accessed, then the petitioner may state a good faith basis for suggestion. The court shall immediately set a hearing.

NOTICE OF BACKGROUND

CHECK REQUIREMENT

After the Petition is filed, the Petitioner(s) will follow the instructions for a LEVEL 2 Criminal Background Check using the code **ORI#FL028023Z** to order a copy of the results of the background check to be delivered to the Clerk of the Court.

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT IN AND FOR
HIGHLANDS COUNTY, FLORIDA**

IN RE: GUARDIAN ADVOCACY OF

CASE NO.:

Alleged Developmentally Disabled Person (DDP),

PROBATE DIVISION

**PETITION FOR APPOINTMENT OF GUARDIAN ADVOCATE OF THE
 PERSON AND PROPERTY OR PERSON ONLY**

Petitioner, allege:

Petitioner _____
First Name Middle Name Last Name

Residence is _____ and

Mailing address is _____ and

Email Address is:

2. Petitioner's date of birth is _____ and is an adult, age _____.

Petitioner's relationship to _____, the person with a developmental disability/alleged incapacitated person (hereinafter the "DDP") is _____.

3. (DDP's full name) _____ is a person with a developmental disability, who was born on _____, and who is _____ years of age. The DDP's primary spoken language is _____ and the DDP's Social Security number is _____. The DDP resides in _____ County, Florida, and his/her residential address is: _____ and his/her mailing address is: _____.

4. The DDP's next of kin is/are: (include names and addresses of any non-petitioning spouse, parent, and any adult siblings):

5. The Petitioner(s) believe that the DDP is in need of a Guardian Advocate due to his/her developmental disability which manifested itself prior to the age of eighteen (18), specifically (choose all that apply):

intellectual disability. Specify Type if Known:

cerebral palsy

autism

Spina Bifida

Prader-Willi syndrome

Down syndrome

Phelan-McDermid syndrome

Other:

As a result of the above selected condition, the DDP lacks the decision-making ability to do some of the tasks necessary to care for his or her person or property and all medical probability indicates that this condition can reasonably be expected to continue indefinitely.

6. The Petitioner believes a Guardian Advocate is necessary because the DDP lacks the decision-making ability to make informed decisions about the DDP's own person, specifically the following rights: (check all which apply)

Person, Delegable

To determine residence

To consent to medical treatment

To make decisions about environment or other social aspects of life

Property, Delegable

To contract

To sue and defend lawsuits

To manage property and income or make any gift or disposition of property

To apply for government benefits

Person, Non-Delegable

- To marry
- To vote
- To have a driver's license
- To travel

Property, Non-Delegable

- To seek and retain employment

7. Petitioner is willing and able to act as Guardian Advocate for the DDP and should be appointed as Guardian Advocate because Petitioner is the DDP's _____ (insert relationship to DDP), is willing to serve in that capacity, and is best qualified to act on the DDP's behalf.

8. In accordance with Probate Rule 5.649(a)(7), Petitioner has knowledge, information or belief that the DDP HAS/ HAS NOT created an advanced directive, Health Care Surrogate, Durable Power of Attorney, or supportive decision-making agreement.

9. The Petitioner further states that the DDP is is not indigent. If the DDP is indigent and having no assets and no income other than public assistance and requests that the Court waive all costs incurred commencing this case and direct the Clerk of the Circuit Court to void all charges related to same. If the DDP is indigent, an Application for Determination of Indigent Status must be filed with this Petition.

10. Petitioner files with this Court his/her Application for Appointment as Guardian Advocate in conjunction with this Petition.

11. After the Petition is filed, the Petitioner will follow the instructions for a Level 2 Criminal Background Check and Fingerprint Card using the code ORI#FL028023Z to order a copy of the results of the background check to be delivered to the Clerk of the Court and complete a Fingerprint Card to be hand delivered/or mail to the Clerk of the Court.

WHEREFORE, The Petitioner request this Court set a hearing to inquire into the decision-making Ability of the DDP, and should the Court determine it is appropriate to do so, enter an Order appointing the Petitioner as Guardian Advocate for the DDP.

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.

Executed this _____ day of _____, 20____.

Signature _____

Name _____

Address _____

Phone _____

E-mail address

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR HIGHLANDS COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Probate Division

**Name of Alleged Developmentally
Disabled Person (DDP)**

APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE

Pursuant to Florida Statute Section 393.12, the Applicant, (name of Guardian Advocate) _____ submits this Application for Appointment as Guardian Advocate of _____, the DDP (the person with a developmental disability) and the following information:

(Please provide the following information regarding the Guardian Advocate)

1. Name of Applicant: _____ Age _____
2. Social Security Number: _____
3. Applicant's Relationship to Ward: _____
4. Residence Address: _____
5. Mailing Address: _____
6. U.S. Citizen? Yes: _____ No: _____
7. Employer's Name and Address:

8. Applicant's Position: _____
9. Marital Status and Name of Spouse if any: _____
10. Home Telephone Number: _____
11. Work Telephone Number: _____
12. If currently serving as Guardian/ Guardian Advocate for any other DDP, list names of each DDP, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the Limited or Plenary Guardian or Guardian Advocate of the person or property or both of each DDP:

13. Does Applicant have any physical disabilities? Yes: _____ No: _____

If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian advocate:

14. Has Applicant ever been treated for the following:

a. Mental Condition Yes _____ No _____

b. Alcohol Yes _____ No _____

c. Drugs Yes _____ No _____

d. Other Yes _____ No _____

Nature of condition: _____

If "yes" was answered to any of the above, please state date, time, location of treatment and name of physician or profession involved:

15. Has Applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes _____ No _____

16. Has Applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes? Yes _____ No _____

17. Has Applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes _____ No _____

If yes, please give date and complete details:

18. Has Applicant ever been charged with, arrested for or convicted of a felony?

Yes _____ No _____

If yes, please provide details including date, type of offense, location and final disposition:

19. Has Applicant ever been charged with, arrested for or convicted of any other crimes?

Yes _____ No _____

If yes, please provide details including date, type of offense, location and final disposition:

20. Has Applicant ever held a position which required bonding? Yes _____ No _____

If yes, please describe position, date, amount of bond and name of surety:

21. Has Applicant, in the past, ever served as Guardian/ Guardian Advocate of a person or of a person's property? Yes _____ No _____

If yes, please describe below, including reason for termination of fiduciary position:

22. Has Applicant ever been held in contempt of court or removed as a Guardian/ Guardian Advocate? Yes _____ No _____ If yes, please describe below:

23. Has Applicant ever filed for bankruptcy? Yes _____ No _____ If yes, please state date and location of court:

24. What is Applicant's relationship to the person with a developmental disability?

25. Is Applicant, or Applicant's business, corporation, or other business entity a creditor of, or providing professional, personal or business services to the person with a developmental disability?

Yes _____ No _____

If yes, please provide details below:

26. Is Applicant employed by a business, corporation, or other business entity that is providing professional, personal or business service to the person with a developmental disability?

Yes _____ No _____

If yes, please furnish details below:

27. Is Applicant a health care provider for the person with a developmental disability?

Yes _____ No _____

28. Educational history of Applicant:

	Name and Address	Degree	Date
High School			
College/University			
Other			

29. List Applicant's employment experience for the past 10 years beginning with the most recent dates:

Name and Address of Employer	Date	Reason for Leaving

30. Does Applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate?

Yes _____ No _____

If yes, please describe below:

31. Has Applicant received instruction and training which covered the legal duties and responsibilities of Guardian/ Guardian Advocate, the rights of an incapacitated person or DDP, the availability of local resources to aid a DDP, and the preparation of habitual plans and annual Guardian Advocate Reports, including financial accounting for the DDP's property? Yes _____
No _____

If so, indicate when and where training was received:

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 this _____ day of _____, 20____.

Signature _____

Name _____

Address _____

Phone _____

E-mail address _____

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR HIGHLANDS COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Probate Division

Name of Alleged Developmentally Disabled Person

**OATH OF GUARDIAN/(CO) GUARDIAN ADVOCATE, DESIGNATION OF RESIDENT
AGENT**

(Each Guardian Advocate must sign an Oath)

I, _____ (Affiant), state under oath that:

1. I will faithfully perform the duties of Guardian/Co-Guardian Advocate of the Person and/or Property of _____ (The DDP), according to law and that the Petitioner hereby designates _____, who is a resident of the county where this case is filed, and whose address is _____
And whose phone number is _____ as Petitioner's agent for service of process in any action against the Petitioner in the Petitioner's representative capacity, or personally, if that personal action accrued in the performance of the Petitioner's duties.
2. My place of residence is _____
and post office address is _____.

Signature _____
Name _____
Address _____
Phone _____
E-mail address _____

STATE OF FLORIDA
COUNTY OF HIGHLANDS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20_____

By _____ (name of person making statement).

by Affiant, who is personally known to me or who produced

_____ as identification.

Signature of Notary Public – State of Florida

Name of Notary, Typed, Printed or Stamped

My Commission Expires: _____

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR HIGHLANDS COUNTY, FLORIDA**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Name of Developmentally Disabled Person (DDP)

Probate Division

DESIGNATION OF PRIMARY AND SECONDARY EMAIL ADDRESS

Please take notice that, pursuant to the Florida Rule of Judicial Administration 2.516, the undersigned, as counsel for the proposed Guardian Advocate, hereby designates the following email addresses for service in this case. All future correspondence and pleadings should be emailed to the following addresses:

Primary Email: _____

Second Email: _____

Signature: _____

Name: _____

Address: _____

Telephone No: _____

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
HIGHLANDS COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF

CASE NO. _____

PROBATE DIVISION

STANDBY GUARDIAN'S JOINDER IN PETITION

The undersigned joins in the Petition for Appointment of Guardian Advocate of the Person and Appointment of Standby Guardian Advocate; the undersigned waives the requirement of a Notice of Hearing with respect to entry of an Order Appointing Standby Guardian Advocate; and the undersigned is willing to serve as Standby Guardian Advocate.

EXECUTED this _____ day of _____, 20____.

Proposed Standby Guardian Advocate

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL COURT
HIGHLANDS COUNTY, FLORIDA

IN RE: THE GUARDIAN ADVOCATE OF _____

CASE NO. _____

PROBATE DIVISION

**JOINT STIPULATION FOR APPOINTMENT OF GUARDIAN ADVOCATE
AND STANDBY GUARDIAN ADVOCATE**

COMES NOW the Petitioner(s) _____
with the concurrence of Attorney _____, Counsel for the
person with a developmental disability, _____, stipulate and
moves this Honorable Court for an order appointing

_____ as Guardian Advocate of the person of
_____, (the Ward) and as grounds would state:

1. That counsel for the Ward having reviewed the Petition, documents to support the medical, residential, and social needs of the Ward and finding that it will be in the best interest of the Ward that such are protected.
2. That the allegations of the Petition filed herein are true.
3. That the undersigned stipulate and consent to the entry of an appropriate Order and Letters appointing _____ as Guardian Advocate(s) without Notice of Hearing.
4. The undersigned further stipulate and consent to the appointment of _____ as Standby Guardian Advocate.

WHEREFORE, it is agreed by the between parties that an Order appointing
_____ as Guardian Advocate of the person of
_____, a person with a developmental disability
be Granted and service on the Ward and the educational requirements be waived.

Attorney for _____
Person with a developmental disability

Petitioner

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT,
HIGHLANDS COUNTY, FLORIDA

IN RE: GUARDIAN ADVOCACY OF

CASE NO:

Ward.

_____ /

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

APPENDIX B

**ANNUAL ACCOUNTING AND PLAN DATES
(IF FISCAL YEAR REPORT PERIOD)**

Month Letters Signed	Report Begin Date	Report End Date	Report Due Date
January	February 1	January 31	May 1
February	March 1	February 28	June 1
March	April 1	March 31	July 1
April	May 1	April 30	August 1
May	June 1	May 31	September 1
June	July 1	June 30	October 1
July	August 1	July 31	November 1
August	September 1	August 31	December 1

Month Letters Signed	Report Begin Date	Report End Date	Report Due Date
September	October 1	September 30	January 1
October	November 1	October 31	February 1
November	December 1	November 30	March 1
December	January 1	December 31	April 1

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR HIGHLANDS COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: GUARDIAN ADVOCACY OF

CASE NO.: _____

Ward.

_____ /

**GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN ADVOCATE OF PERSON (adult ward)
Beginning _____ and ending _____**

_____ the Guardian Advocate of the person of _____
(the Ward), submits the following plan as the Annual Guardianship Report of this guardian:
The Annual Guardianship Plan for the period beginning _____,
shall be as follows:

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

2. During the preceding year, the Ward was maintained at:

LOCATION	DATES	LENGTH OF STAY
3. The current residential setting is 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: **To continue residing at**

5. The following is a description of the Ward's medical, mental health and rehabilitation needs:

6. The following is a description of professional medical treatment given to the Ward during the preceding year:

NAME OF PHYSICIAN	TREATMENT	DATE

7. Attached is a report of a physician who examined the Ward no more than 90 days before the beginning of the report period, containing an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward. **SEE ATTACHED.**

8. The plan for providing medical, mental health and rehabilitative services in the coming year is as follows:

9. The following information is submitted concerning the social condition of the Ward:

a. The social and personal services currently used by the Ward are as follows:

b. The following is a statement of the social skills of the Ward, including how well the Ward communicates and maintains interpersonal relationships:

c. The following is a description of the social needs of the Ward:

10. The following is a summary of activities during the preceding year that were designed to enhance the capacity of the Ward:

11. The Ward is not now capable of having some or all of the Ward's rights restored. If so, the rights that should be restored are identified as follows: **None.**

12. I **do not** plan to seek the restoration of any rights to the Ward.

13. This plan has been reviewed with the Ward to the extent possible.

14. The following preexisting orders not to resuscitate executed under Fla. Stat. § 401.45(3) and preexisting advance directives, as defined in Fla. Stat. § 765.101, have been identified and located:

15. Steps taken by the Guardian Advocate to identify and locate preexisting do not resuscitate orders and advance directives are:

16. During the preceding year, the amount of all remuneration received by the Guardian Advocate from any source, for services rendered to or on behalf of the ward is:
NONE.

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**

Residence and mailing Address:

Telephone: _____

Email: _____

**IN THE CIRCUIT COURT FOR HIGHLANDS COUNTY, FLORIDA
GUARDIANSHIP DIVISION**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.:

Name of Developmentally Disabled Person (DDP)

Probate Division

PHYSICIAN'S REPORT
(Required by Florida Statutes, Section 744.3675)

1. Name of Physician: _____

Address: _____

2. Name of ward: _____

3. Date of examination: _____

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

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

6. The ward does does not continue to need the assistance of a guardian.

7. Is the ward capable of being restored to capacity at this time? Yes No

8. Date of this report: _____

9. Signature of physician completing this report: _____