

**IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
ST. JOHNS COUNTY, FLORIDA**

IN RE: THE GUARDIANSHIP OF

Case No: _____

Division: _____

ANNUAL PLAN

_____, the guardian 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 _____ and
ending _____ shall be as follows:

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

2. During the prior twelve (12) months, the Ward resided at (include names, addresses, and length of stays at each location):

3. The current residential setting best suited for the current needs of the Ward is as follows:

4. The plan for the next twelve (12) months to ensure that the Ward is in the best residential setting to meet the Ward's needs is as follows:

5. Any professional medical treatment given to the Ward during the prior twelve (12) months was as follows:

6. Attached is a report of a physician's evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

7. The plan for provision of medical, mental health, and rehabilitative services for the next twelve (12) months is as follows:

8. The Ward is currently utilizing the following social and personal services (include name, services rendered and address of each provider):

9. The following is a statement of the social skills of the Ward, including how well the Ward maintains interpersonal relationships with others:

10. The following is a description of the Ward's activities at communication and visitation:

11. The following is a description of the unmet needs of the Ward, if any:

12. During the prior twelve (12) month period, the following activities were undertaken in an effort to increase the capacity of the Ward:

13. Is the Ward now capable of having some or all of his or her rights restored? If so, identify the rights that should be restored.

14. Do you plan to seek the restoration of any rights to the Ward?

15. This plan has / has not (circle one) been reviewed with the Ward.

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.

Attorney for Guardian

Guardian (Signature)

Florida Bar No.

Guardian (Print)

Address (Line 1)

Co-Guardian (Signature)

Address (Line 2)

Co-Guardian (Print)

City State Zip

Telephone No.