

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

**IN RE: THE GUARDIANSHIP OF**  
\_\_\_\_\_

**Case No:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**INITIAL GUARDIANSHIP PLAN**

\_\_\_\_\_, the guardian of the person of  
\_\_\_\_\_ (the Ward), submits the following  
plan as the Annual Guardianship Report of this guardian.

1. During the period beginning \_\_\_\_\_ and ending  
\_\_\_\_\_, the guardian proposes the following plan for the  
benefit of the Ward, which is based upon the recommendations of the examining committee's  
comprehensive examination, as incorporated into the court's order determining incapacity.

a. Medical, mental or personal care services to be provided for the best welfare of the Ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Social and personal service to be provided for the best welfare of the Ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Place and kind of residential setting best suited for the needs of the Ward:

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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:

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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:

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2. The guardian hereby attests that the guardian 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, and to the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.

3. This Initial Guardianship Plan does not restrict the physical liberty of the Ward more than is reasonably necessary to protect the Ward 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.

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Attorney for Guardian

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Guardian (Signature)

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Florida Bar No.

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Guardian (Print)

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Address (Line 1)

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Co-Guardian (Signature)

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Address (Line 2)

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Co-Guardian (Print)

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City

State

Zip

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Telephone No.