IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA PROBATE DIVISION

UCN: 52_____GA00_____XXGDXX
REF #: _____- _____ -GD-3 or 4

IN RE: The Guardianship of

Minor
_____/

Amended Form?
☐ Yes ☐ No

Version of the Amended Form?
☐ 1st ☐ 2nd ☐ 3rd

Professional Guardian?
☐ Yes ☐ No

Public Guardian?
☐ Yes ☐ No

ANNUAL GUARDIANSHIP PLAN

FOR THE PERIOD OF TIME _____ TO _____

☐ _____Plenary Guardian of the Person of
☐ _____ submits the following Annual Guardianship Plan for the Minor:

1. The Minor presently resides at the following location:		
Residence Name:		
Street Address:		
City:	State:	Zip:
Phone Number: ( )		

2. The Minor during the preceding 12 months resided at the following locations:		
A. Residence Name:		
Street Address:		
City:	State:	Zip:
Phone Number: ( )		
B. Residence Name:		

Street Address:		
City:	State:	Zip:
Phone Number: ( )		

3. The following is a description of the medical and/or mental health treatment provided to the Minor during the preceding 12 months:

Provider's first name, last name, and middle initial (First Line) Provider's street address (Second Line) Provider's City/State/Zip (Third Line) Provider's Phone Number (Fourth Line)			**Type of Provider** :	**Number of Visits**
A. First	MI	Last	Primary Care Physician	
Street Address:				
City:	State:	Zip:		
Phone Number: (xxx) xxx-xxxx				
B. First	MI	Last	Primary Care Physician	
Street Address:				
City:	State:	Zip:		
Phone Number: (xxx) xxx-xxxx				
C. First	MI	Last	Primary Care Physician	
Street Address:				
City:	State:	Zip:		
Phone Number: (xxx) xxx-xxxx				
D. First	MI	Last	Primary Care Physician	
Street Address:				
City:	State:	Zip:		
Phone Number: (xxx) xxx-xxxx				
E. First	MI	Last	Primary Care Physician	
Street Address:				
City:	State:	Zip:		
Phone Number: (xxx) xxx-xxxx				
F. First	MI	Last	Primary Care Physician	
Street Address:				
City:	State:	Zip:		
Phone Number: (xxx) xxx-xxxx				

4. The guardian for the plan period proposes the following as to the provision of medical services for the Minor:

☐ Routine examination by primary care physician
☐ Weekly ☐ Monthly ☐ Annually

☐ Routine examination by dentist
☐ Weekly ☐ Monthly ☐ Annually

☐ Routine examination by specialist
☐ Weekly ☐ Monthly ☐ Annually

☐ Physical Therapy
☐ Speech Therapy
☐ Occupational Therapy
☐ The Minor retains the right to make his or her own decision
☐ Other

Explanation required only if other checked:

_____
_____
_____
_____
_____
_____

5. The guardian provides the following statement as to the education of the Minor:

A. The guardian provides the following summary of the Minor's school progress report:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

B. The guardian provides the following description of the social development of the Minor:

_____
_____
_____
_____
_____
_____
_____
_____

C. The guardian provides the following statement of how well the Minor communicates with others:

D. The guardian provides the following statement of how well the Minor maintains interpersonal relationships:

E. The guardian provides the following description of the unmet social needs of the Minor:

- ☐ No Unmet Needs
- ☐ The Minor does not care to socialize
- ☐ Unmet Needs
- ☐ Other

Explanation: (required only if 'Other' checked)

CERTIFICATION AND SIGNATURE OF GUARDIAN(S)

(Check all that apply)

☐ The Ward was declared totally incapacitated.
☐ The Ward is a minor.
☐ The guardian has consulted with the Ward, to the extent reasonable, has honored the Ward's wishes, and to the maximum extent possible the plan is in accordance with the Ward's wishes or consistent with the rights retained by the Ward.
☐ The plan does not restrict the physical liberty of the Ward except as necessary to protect the Ward and others from serious physical injury, illness, or disease.
☐ The plan provides for the Ward's medical care and mental health treatment.
☐ The physician's statement of an examination of the Ward no more than 90 days before the beginning of the plan period is attached.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, and the facts alleged are true, to the best of my knowledge and belief.

Date signed by Guardian _____

_____ _____
Guardian Signature Guardian Name

_____ _____
Guardian Taxpayer Identification # Guardian Telephone #

_____
Guardian Mailing Address

_____
Guardian City State, Zip

Guardian's relationship to Ward: _____

Guardian's Email Address: _____

Date signed by Co-Guardian _____

_____ _____
Co- Guardian Signature Co-Guardian Name

_____ _____
Co-Guardian Taxpayer Identification # Co-Guardian Telephone #

_____
Co-Guardian Mailing Address

_____
Co-Guardian City State, Zip

Co-Guardian's relationship to Ward: _____

Co-Guardian's Email Address: _____

CERTIFICATION AND SIGNATURE OF PREPARER

The preparation of this form is based upon the information provided by the guardian(s) and/or attorney with no independent verification of the information contained herein. I have not audited or reviewed the guardianship plan or documents supporting the preparation of the guardianship plan and, accordingly, do not express an opinion or any other form of assurance as to the accuracy of the information contained in the plan.

Date signed by Preparer _____

_____ _____
Preparer Signature Preparer Name

_____ _____
Preparer Taxpayer Identification # Preparer Telephone #

_____
Preparer Mailing Address

_____
Preparer City, State, Zip

Preparer's Email Address: _____

CERTIFICATION AND SIGNATURE OF GUARDIAN'S ATTORNEY

The undersigned hereby notifies the Court of the filing of the initial guardianship plan of the guardian of the person. This initial plan is the representation of the guardian. I have not audited the accompanying initial guardianship plan. The undersigned attorney represents that he/she has examined the contents of this plan and that it conforms to the requirements of the Florida Guardianship Law.

Date signed by Attorney: _____

_____ _____
Attorney Signature Attorney Name

_____ _____
Attorney Florida Bar Number Attorney Telephone #

_____
Attorney Mailing Address

_____
Attorney City, State, Zip

Guardian's Attorney Email Address: _____