

**IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT  
IN AND FOR OSCEOLA COUNTY, FLORIDA**

PROBATE DIVISION  
CASE NO:

IN RE: GUARDIAN ADVOCATE OF

\_\_\_\_\_

**ANNUAL GUARDIAN ADVOCATE REPORT  
ANNUAL GUARDIAN ADVOCATE PLAN OF GUARDIAN OF PERSON  
FORM S**

I, \_\_\_\_\_, the  
Guardian Advocate of the person of

\_\_\_\_\_ 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 preceding year, the Ward resided at (include dates, names, addresses and length of stay at each place):

3. The current residential setting (circle on) **is** or **is not** 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:

5. Description of professional medical treatment given to the Ward during the preceding year:

#### PHYSICIAN TREATMENT DATE

6. Report of a physician who examined the Ward no more than 90 days before the beginning of the report period is **attached**. Report contains an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

7. Plan for provision of medical, mental health and rehabilitative services in the coming year is as follows:

8. Information concerning the social condition of the Ward is submitted as follows:

A. The social and personal services currently utilized by the Ward are:

B. State the social skills of the Ward, including how well the Ward maintains interpersonal relationships with others:

C. Describe the Ward's activities at communication and visitation:

D. Description of the social needs of the Ward:

9. Summary of activities during the preceding year designed to increase the capacity of the Ward:

10. The Ward (circle one that applies) **is** or **is not** capable of having some or all of his/her rights restored. If capable, identify rights that should be restored

11. I/We (circle one) **do** or **do not** plan to seek the restoration of any rights to the Ward.

12. This plan (circle one) **has** or **has not** been reviewed with the Ward to the extent possible.

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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Attorney for Guardian (If applicable)

Florida Bar No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Signature of Co-Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Ward (If applicable)

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PROBATE DIVISION  
CASE NO:

IN RE: GUARDIAN ADVOCATE OF

\_\_\_\_\_

**PHYSICIAN'S REPORT**

1. Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2. Name of ward: \_\_\_\_\_

3. Date of examination: \_\_\_\_\_

4. Purpose of examination:

a. Regular checkup \_\_\_\_\_

b. Treatment for \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

7. The ward (circle one) **does** or **does not** continue to need assistance of a guardian.

8. Is the ward capable of being restored to capacity at this time? (circle one) **Yes** or **NO**

9. Date of this report: \_\_\_\_\_

10. Signature of physician completing this report: \_\_\_\_\_