

**IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA,
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION**

IN RE: THE GUARDIANSHIP OF

CASE NO.: _____ **-CP-** _____

(Name)

DIVISION: _____

**ANNUAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN OF THE PERSON (minor ward)**

_____, the guardian of the person of _____
(the minor ward), submits the following plan as the Annual Guardianship Plan of this guardian:

The Annual Guardianship Plan for the period beginning _____,
20_____, and ending _____, 20_____, shall be as follows:

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

This is the best living arrangement for the minor ward because:

2. During the preceding year, the minor ward resided at the following places:

Dates (From/To)	Address (including city and state) where minor ward lived	Name and present address of person minor ward lived with	Relationship to minor ward
_____/present*			
____/____			
____/____			

3. The following is a resume of any professional medical treatment given to the minor ward during the preceding year (*the guardian must detail all medical and mental health providers the minor ward visited and the reasons for these visits during the past year*):

4. Attached is a report of a physician who examined the minor ward **no more than 180 days before the beginning of the reporting period** containing that physician's evaluation of the minor ward's physical and mental conditions. (*A copy of a school physical is acceptable as long as it is dated no more than 180 days before the beginning of the reporting period.*)

5. The plan for providing medical services in the coming year is as follows (*which doctors or other medical/mental health providers does the guardian expect the minor ward to visit in the upcoming year*):

6. The following information is submitted concerning the education of the minor ward:

a. A summary of the school progress report is as follows (*give a description of how the minor ward is progressing in school or daycare. A copy of the minor ward's report card or progress report may be attached as supplemental information only*):

b. The following is a statement of the social activities of the minor ward, including how well the minor ward communicates and maintains interpersonal relationships *(describe how the ward interacts with others, including the guardian, family members, peers, teachers, etc. Does the minor ward maintain friendships with other children?)*:

7. This plan has/has not *(circle one)* been reviewed with the minor 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.

Signed on _____, 20____.

Attorney for Guardian
Print Name: _____
Florida Bar No. _____
Address: _____

Phone Number: (____) ____ - ____
Email Address: _____

Guardian
Print Name: _____
Address: _____

Phone Number: (____) ____ - ____
Email Address: _____

REMEMBER CERTIFICATE OF SERVICE:

- *Ward's Attorney (if applicable)**
- *Interested Persons/Parties**