

**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: _____

**INITIAL GUARDIANSHIP PLAN (GUARDIANSHIP REPORT)
OF GUARDIAN OF PERSON (minor ward)**

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

1. During the period beginning _____, 20____, and
_____, 20____, the guardian proposes the following plan for the benefit
of the minor ward.

a. Medical, mental or personal care services to be provided for the welfare of the
minor ward (*Which doctor(s) does the minor ward visit regularly? What kind of assistance does
the ward require for activities of daily living? Does the ward require any mental health care?*):

b. Name and location of the school the minor ward will attend, the minor ward's
grades and a description of classes the minor ward will take (*include the school's name, address
and a list of the minor ward's grades*):

c. Place and kind of residential setting best suited for the needs of the minor ward *(include with whom the ward lives, an address and why this is the best placement for the minor ward)*:

d. Description of health and accident insurance and any other private or governmental benefits to which the minor ward may be entitled to meet any part of the costs of medical, mental health or related services provided to the minor ward *(list all types of income/benefits received by or for the ward, for example, Social Security, child support, etc...)*:

2. The guardian attests that:

{delete the inapplicable statement}

a. The ward is a minor under the age of 14 or

b. The guardian has consulted with the minor ward, and, to the extent reasonable, honored the minor ward's wishes consistent with the rights retained by the minor ward under this plan.

3. To the maximum extent reasonable, the plan is in accordance with the wishes of the minor ward.

4. This Initial Guardianship Plan does not restrict the physical liberty of the minor ward more than is reasonably necessary to protect the minor ward or others for serious physical injury, illness or disease and provided the minor ward with care and appropriate supervision.

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**