

**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. The guardian must make a declaration of all remuneration received by the guardian from any source for services rendered to or on behalf of the ward. As used in this paragraph, the term “remuneration” means any payment or other benefit made directly or indirectly, overtly or covertly, or in cash, or in kind, to the guardian.

8. 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:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Guardian**  
**Print Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone Number:** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
**Email Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
**Email Address:**

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**REMEMBER CERTIFICATE OF SERVICE:**

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