

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,  
IN AND FOR LAKE COUNTY, FLORIDA

PROBATE DIVISION

CASE NO. \_\_\_\_\_

IN RE: GUARDIAN ADVOCACY OF

\_\_\_\_\_

**INITIAL PLAN OF GUARDIAN ADVOCATE OF THE PERSON**

(FORM I)

I, \_\_\_\_\_, the Guardian Advocate of the person of \_\_\_\_\_ (the person with a developmental disability), who presently resides at \_\_\_\_\_, and was appointed as Guardian Advocate by this Court on \_\_\_\_\_ submits the Initial Guardian Advocate Report of this Guardian Advocate:

1. During the period beginning \_\_\_\_\_, and ending \_\_\_\_\_, the Guardian Advocate proposes the following plan for the benefit of the person with a developmental disability, which is based upon the Order Appointing a Guardian Advocate:

- a. Medical, mental or personal care services to be provided for the welfare of the Ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Social and personal services to be provided for the welfare of the Ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. Place and kind of residential setting best suited for the needs of the Ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. Description of health and accident insurance and any other private or governmental benefits to which the Ward may be entitled to meet any part of the costs of medical, mental health or related services provided to the Ward:

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- e. Physical and mental examinations necessary to determine the Ward's medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations:

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2. The Guardian Advocate attests that:

- a. The Guardian Advocate has consulted with the Ward and, to the extent reasonable, honored the Ward's wishes consistent with the rights retained by the Ward under the plan.
- b. To the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.
- c. This Initial Plan does not restrict the physical liberty of the Ward more than is reasonably necessary to protect the Ward or others from serious physical injury, illness or disease and provides the Ward with medical care and mental health treatment for the Ward's physical and mental health.

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\_\_\_\_\_.

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Guardian Advocate