IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT IN AND FOR FRANKLIN COUNTY, FLORIDA PROBATE DIVISION

Name of Person with a Developmental Disability
INITIAL GUARDIANSHIP PLAN (Initial Report of Guardian Advocate) (Form J)
, (name of Guardian Advocate) Guardia
Advocate of the Person of, (Ward's name
submits the following Initial Plan.
During the period beginning and ending on
, the Guardian Advocate proposes the following plan for th
benefit of the Ward.
1. The medical, mental, or personal care services for the welfare of th
Ward that will be provided during the upcoming year are:
Provider Type of Service to be Provided
2. The social and personal services to be provided for the Ward durin the upcoming year are:
3. The place and kind of residential setting best suited for the needs of
the Ward is:

		nental b	enefits to	o which the Ward m	ay be er	ace and any other private ntitled to meet any part of provided to the Ward:
War	5. rd's me	_		and mental examina l health treatment n		ecessary to determine the
wisl the	nes cor	ılted wit nsistent	h the W with the	Vard, to the extent	reasona the War	at the Guardian Advocate able, honored the Ward's and under the plan, and to dance with the wishes of
inju	ry, illn lth trea	is reasoness, or one	onably i lisease a or the W	necessary to protect and provides the Wa ard's physical and n	the Wa rd with nental h	
	8. e surro	The fo	llowing i ision, liv S	ring will, or anatomic uspended by Court	g orders cal gift.	not to resuscitate, health Steps Taken to Locate
#	Title	;	<u>Date</u>	(Yes or No)	a:	ny Pre-existing Document

1					
2					
3					
(Please use additional sheets o					
Under penalties of perju	ıry, I declar	e that I hav	e comple	eted and rea	ad the
foregoing, and the facts set fort	th are true, t	to the best o	f my kno	wledge and	belief.
Signed on		_, 20			
I certify that the foregoin	_				
developmental disability) at					
(address of the attorney	for the perso	n with a dev	velopmen	ıtal disabilit	y) this
day of	, 20	and to			
(the person with d	levelopment	al disability)			
		Guardian	Advocate	's Signature	,
		Guardian A	Advocate	's Printed N	ame
		Guardian	Advocate	's Address	
		Guardian A	Advocate	's Phone Nu	mber
		Guardian A	Advocate	's Email Ado	dress