## IN THE CIRCUIT COURT FOR ORANGE COUNTY, FLORIDA PROBATE/ MENTAL HEALTH DIVISION

IN RE: GUARDIANSHIP OF	File No. 48-
IN ICL. GOTHOLI GILLI OL	1 110 110. 40-

## ANNUAL GUARDIANSHIP REPORT ANNUAL GUARDIANSHIP PLAN OF GUARDIAN OF PERSON

(Minor Ward)	
-	
, the guardian of the person of(the Ward), submit	
the following plan as the Annual Guardianship Report of this guardian:	
The Annual Guardianship Plan for the period beginning	
, and ending	
1. The Ward's address at the time of filing this plan is	
2. During the preceding year, the Ward resided at (include dates, names, addresses and length of stay	
at each place):	
3. The current residential setting (circle one) <b>is</b> or <b>is not</b> best suited for the current needs of the Ward.	
4. It is intended that the Ward will reside at the following location for the current year:	

5. Description of professional medical treatment given to the Ward during the preceding year:		
PHYSICIAN	TREATMENT	DATE
6. The plan for provision of medical	and personal care services in th	ge coming year is as follows:
o. The plan for provision of medical	and personal care services in ti	ie conning year is as follows.
7. Information concerning the social	condition of the Ward is subm	itted as follows:
A. The social and personal services	currently utilized by the Ward a	are:
B. Statement of educational and soc	ial activities of the Ward are as	follows:

Under penalties of perjury, I declare that I h best of my knowledge and belief.	ave read the foregoing, and the facts alleged are true, to the
Signed on theday of	<del></del> .
Attorney for Guardian	Signature of Guardian
Florida Bar No	
	Signature of Co-Guardian
Address	

8. This plan (circle one) has or has not been reviewed with the ward.

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## PHYSICIAN'S REPORT - MINOR WARD 1. Name of Physician: Address: 2. Name of ward: 3. Date of examination: 4. Purpose of examination: a. Regular checkup \_\_\_\_\_ b. Treatment for \_\_\_\_\_ 5. Evaluation of ward's condition: (Specify mental and physical condition at time of exam) 6. Date of this report:

7. Signature of physician completing this report: