



**IN THE CIRCUIT COURT- 14<sup>TH</sup> JUDICIAL CIRCUIT**  
**Probate and Guardianship Division – Elijah Smiley Probate Judge**

IN RE: THE GUARDIAN ADVOCACY OF

Case No.: \_\_\_\_\_

\_\_\_\_\_  
*Name of Person with a Developmental Disability*

**(Form G)**

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

\_\_\_\_\_, the Guardian Advocate of the Ward,  
\_\_\_\_\_ (the person with a developmental disability),  
submits the following plan as the Initial Guardian Advocate Report of this Guardian:

During the period beginning \_\_\_\_\_, the month the Guardian Advocate is appointed, and ending twelve months thereafter, 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:

1. The medical, mental or care services to be provided for the welfare of the Ward will be:

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

2. The social and personal services to be provided for the welfare of the Ward will be:

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

3. The kind of residential setting best suited for the needs of the Ward is:

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4. The 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 is:

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5. The 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 are:

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The Guardian Advocate attests that 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.

To the maximum extent reasonable, the plan is in accordance with the wishes of the Ward.

Copies furnished to:

- *Proposed Guardian Advocate*
- *Next of Kin of the person with a developmental disability, if any*
- *Health Care Surrogate designated by the person with a developmental disability pursuant to advanced directives, if any*
- *Agent appointed by the person with a developmental disability under Durable Power of Attorney, if any*

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 this \_\_\_\_\_ day of \_\_\_\_\_, 201 \_\_\_\_.

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Signature of Applicant

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Printed Name of Applicant

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Address of Applicant

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Phone Number of Applicant