IN THE CIRCUIT COURT OF THE
EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA

CASE NO.: _____

IN RE: THE GUARDIAN ADVOCACY OF

_____
Name of Person with a Developmental Disability

INITIAL GUARDIAN ADVOCACY PLAN
OF THE PERSON
(Form L)

_____, (name of Guardian Advocate) Guardian Advocate of the Person of _____, (the person with a developmental disability), submits the following Initial Guardian Advocacy Plan.

1. During the period beginning _____, _____,(the day of appointment) and ending _____, _____, (the last day of the anniversary month of appointment the following year)the Guardian Advocate proposes the following plan for the benefit of the person with a developmental disability:

A. List the medical, mental or personal care services to be provided for the best welfare of the person with a developmental disability: _____
_____
_____
_____

B. List the social and personal services to be provided for the best welfare of the person with a developmental disability: _____
_____
_____
_____

C. What place and kind of residential setting is best suited for the needs of the person with a developmental disability: _____
_____

_____

_____

D. Description of health and accident insurance and any other private or governmental benefits to which the person with a developmental disability may be entitled to meet any part of the cost of medical, mental health or related services provided to the person with a developmental disability: _____

_____

_____

_____

E. Physical and mental examinations necessary to determine the person with a developmental disability medical and mental health treatment needs, including names of those who will provide examinations and approximate dates for examinations: _____

_____

_____

_____

_____

2. The Guardian Advocate hereby attests that the Guardian Advocate has consulted with the person with a developmental disability and, to the extent reasonable, honored the person's wishes consistent with the rights retained by the person with a developmental disability under the plan, and to the maximum extent reasonable, the plan is in accordance with the wishes of the person with a developmental disability.

3. This Initial Guardian Advocacy Plan does not restrict the physical liberty of the person with a developmental disability more than is reasonably necessary to protect the person with a developmental disability from serious physical injury, illness or disease and provides the person with a developmental disability with medical care and mental health treatment for the person with a developmental disability'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.

Executed this ____ day of _____, 20_____.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing has been furnished by U.S. mail to _____ (name of attorney for the person with a developmental disability) at _____ (address of the attorney for the person with a developmental disability) this _____ day of _____, 20____ and to _____, *(The person with a developmental disability)*.

_____
Signature of Guardian Advocate

_____
Printed Name of Guardian Advocate