

IN THE CIRCUIT COURT, 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 J)**

_____, (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 month the Guardian Advocate was appointed and
ending twelve months thereafter, 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____.

I hereby certify that a true copy of the foregoing has been furnished by 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