

IN THE CIRCUIT COURT
OF THE NINTH JUDICIAL CIRCUIT,
ORANGE COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIAN ADVOCACY OF / REZON: TITÈL AK FONKSYON LIMITE

Case No./No. Dosye: _____.

**INITIAL PLAN OF GUARDIAN ADVOCATE OF THE PERSON/
PREMYE PLAN TITÈ AK FONKSYON LIMITE MOUN**

FOM J - 1

_____, the Guardian

Advocate of the person of _____

(the person with a developmental disability), who presently resides at

submits the following plan as the Initial Guardian Advocate Report of this Guardian/

_____, *Titè ak Fonksyon*

*Limite Moun pou _____ (moun ki
gen andikap devlopmanal la), ki rete kounye a nan*

soumèt plan sa a kòm Premye Rapò Titè ak Fonksyon Limite Titè sa a:

1. During the period beginning _____,
and ending _____, 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 /

Pandan peryòd ki kòmanse _____, epi fini

_____, *Titè ak Fonksyon Limite a*

pwopoze plan sa a pou avantaj moun ki gen andikap devlopmanal la, ki baze sou Lòd

Nominasyon Titè ak Fonksyon Limite a:

- a. Medical, mental or personal care services to be provided for the welfare of
the Ward / *Sèvis medikal, mantal, oswa swen pèsònèl pou byenèt moun ki
sou Titèl la:*

- b. Social and personal services to be provided for the welfare of the Ward /
Sèvis sosyal ak pèsonèl pou yo bay l pou byenèt moun ki sou Titèl la:
- c. Place and kind of residential setting best suited for the needs of the Ward /
Kote ak kalite anviwònman ki pi apwopriye pou moun ki sou Titèl la rete:
- d. Description of 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 / *Deskripsyon asirans sante ak aksidan ak nenpòt lòt avantaj
gouvènman oswa prive moun ki sou titèl la kapab gendwa resevwa pou
peye nenpòt pati nan depans medikal, sante mantal, oswa lòt sèvis pou
moun ki sou titèl la:*
- e. 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 /
*Egzamen fizik ak mantal nesèsè pou detèmine tretman sante medikal ak
mantal moun ki sou Titèl la, tankou non moun ki pral bay egzamen yo ak
dat apeprè pou egzamen yo:*

2. The Guardian Advocate attests that / Titè ak Fonksyon Limite a sètifye:

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 / *Titè ak Fonksyon Limite a te konsilte moun ki sou Titèl la epi, nan mezi li rezonab, onore souwè moun ki sou Titèl la ki menm ak dwa moun ki sou Titèl la ap kenbe sou plan an.*

3. To the maximum extent reasonable, the plan is in accordance with the wishes of the Ward / *Nan mezi li rezonab, plan an koresponn ak souwè moun ki sou Titèl la.*

4. This Initial Plan does not restrict the physical liberty of the Ward more than is reasonably necessary to protect the Ward or others from serious physical injury, illness or disease and provides the Ward with medical care and mental health treatment for the Ward's physical and mental health / *Premye Plan an pa limite libète fizik moun ki sou Titèl la plis pase li nesesè yon fason rezonab pou pwoteje moun ki sou Titèl la oswa lòt moun pou yo pa pran gwo chòk fizik oswa maladi epi bay moun ki sou Titèl la swen medikal ak tretman sante mantal pou sante fizik ak mantal moun ki sou Titèl la.*

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/ *Mwen deklare sou pinisyon pou fo temwayaj, mwen te li dokiman sa a epi tout sa ki ladan se verite dapre tout konesans ak kwayans mwen.*

Signed on / *Siyen jou ki* _____

Guardian Advocate / *Titè ak Fonksyon Limite*