

IN THE CIRCUIT COURT
FOR ORANGE COUNTY, FLORIDA

PROBATE DIVISION/遗嘱认证部

IN RE: GUARDIAN ADVOCATE OF
回复: 以下人员的监护托管人

Case No./案件编号: _____

ANNUAL GUARDIAN ADVOCATE REPORT
ANNUAL GUARDIAN ADVOCATE PLAN OF GUARDIAN OF PERSON
FORM S
监护托管人年度报告
人身监护人年度监护托管人计划
表 S

I, _____, the
Guardian Advocate of the person of

_____ submits the
following plan as the Annual Guardianship Report of this guardian:

本人, _____, 即
_____的监护托管人
现提交 以下计划作为本监护人的《监护权年度报告》:

The Annual Guardianship Plan for the period beginning _____,
and ending _____, shall be as follows:

本《监护权年度报告》的期间始于 _____,
终于 _____, 具体内容如下:

Language: Chinese

1. The Ward's address at the time of filing this plan is
提交本计划时受监护人的住址为:

2. During the preceding year, the Ward resided at (include dates, names, addresses and length of stay at each place):
过去一年间, 受监护人的居住地为 (包括每一地址的居住日期、名称、地址和居住时长):

3. The current residential setting (circle on) **is** or **is not** best suited for the current needs of the Ward.
目前居住环境 (在适用项上画圈) **是**或**不是**最能满足受监护人当前需求的场所。

4. Plans for ensuring that the Ward is in the best residential setting to meet the Ward's needs during the coming year are as follows:
接下来一年间, 用以确保受监护人能够居住在最能满足受监护人需求的最佳居住环境的计划如下:

5. Description of professional medical treatment given to the Ward during the preceding year:

描述过去一年间受监护人接受的专业医疗治疗:

PHYSICIAN TREATMENT DATE

医师治疗日期

6. Report of a physician who examined the Ward no more than 90 days before the beginning of the report period is **attached**. Report contains an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward.

报告附件中本报告期间开始前90日内受监护人接受的医师检查。报告包括对受监护人状态的评估和对受监护人目前行为能力水平的声明。

7. Plan for provision of medical, mental health and rehabilitative services in the coming year is as follows:

接下来一年间计划提供医疗、心理健康和康复服务的计划如下:

8. Information concerning the social condition of the Ward is submitted as follows:

受监护人社交状态信息现已提交，详情如下所示：

A. The social and personal services currently utilized by the Ward are:

受监护人目前使用的社交和个人服务包括：

B. State the social skills of the Ward, including how well the Ward maintains interpersonal relationships with others:

描述受监护人的社交技能，包括受监护人与他人保持的交际关系情况：

C. Describe the Ward's activities at communication and visitation:

描述受监护人在交流和探访过程中所进行的活动：

D. Description of the social needs of the Ward:

描述受监护人的社交需求：

9. Summary of activities during the preceding year designed to increase the capacity of the Ward:

总结过去一年间进行的旨在加强受监护人行为能力的各项活动:

10. The Ward (circle one that applies) **is** or **is not** capable of having some or all of his/her rights restored. If capable, identify rights that should be restored

受监护人**可以或不可以** (在适用项上画圈) 恢复行使他/她的部分或全部权利。如果选择可以, 请明示应当恢复的权利内容。

11. I/We (circle one) **do** or **do not** plan to seek the restoration of any rights to the Ward.

本人/我们**计划或没有计划** (在适用项上画圈) 寻求恢复受监护人的任何权利。

12. This plan (circle one) **has** or **has not** been reviewed with the Ward to the extent possible.

本计划**已经或尚未** (在适用项上画圈) 对受监护人进行可能的审核。

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.

根据伪证惩罚的规定, 本人现声明本人已经阅读上述全部内容, 且根据本人所知和所信, 上述事实均真实有效。

Signed on the _____ day of _____

签署日期: _____ 日 _____

Attorney for Guardian (If applicable)

监护人代表律师 (如适用)

Florida Bar No. _____

Language: Chinese

佛罗里达律师协会编号:

Signature of Guardian
监护人签名

Signature of Co-Guardian
共同监护人签名

Address
地址

Signature of Ward (If applicable)
受监护人签名 (如适用)

Language: Chinese

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PROBATE DIVISION/遗嘱认证部
IN RE: GUARDIAN ADVOCATE OF
回复: 以下人员的监护托管人

CASE NO./案件编号: _____

PHYSICIAN'S REPORT
医师报告

1. Name of Physician: _____
医师姓名:

Address: _____
地址:

2. Name of ward: _____
受监护人姓名:

3. Date of examination: _____
检查日期:

4. Purpose of examination:
检查目的:

a. Regular checkup _____
例行检查

b. Treatment for _____
治疗内容

5. Evaluation of ward's condition: (Specify mental and physical condition at time of exam)
受监护人状态评估: (具体说明检查时受监护人的心理和生理状态)

Language: Chinese

6. Description of ward's capacity to live independently:

描述受监护人独立生活的能力:

7. The ward (circle one) **does** or **does not** continue to need assistance of a guardian.

受监护人 (在适用项上画圈) **需要**或**不需要**继续获得监护人的援助。

8. Is the ward capable of being restored to capacity at this time? (circle one) **Yes** or **NO**

受监护人此时是否有能力行使被恢复的权利? (在适用项上画圈) **是** **否**

9. Date of this report: _____

出示报告日期:

10. Signature of physician completing this report: _____

填写本报告的医师签名: