

IN THE CIRCUIT COURT
FOR ORANGE COUNTY, FLORIDA
PROBATE DIVISION

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

Case No / *No. Dosye* _____

ANNUAL GUARDIAN ADVOCATE REPORT /
RAPÒ ANYÈL TITÈ AK FONKSYON LIMITE
ANNUAL GUARDIAN ADVOCATE PLAN OF GUARDIAN OF PERSON /
PLAN ANYÈL TITÈ AK FONKSYON LIMITE POU TITÈ MOUN
FOM S

I, _____, the

Guardian Advocate of the person of

_____ submits the

following plan as the Annual Guardianship Report of this guardian:

The Annual Guardianship Plan for the period beginning _____,

and ending _____, shall be as follows/

Mwen menm,

_____, *Titè*

ak Fonksyon Limite moun pou

_____ *soumèt plan*

sa a kòm Rapò Titèl Anyèl pou titè sa a:

Plan Titèl Anyèl la pou peryòd ki kòmanse _____,

epi fini _____ *nan, dwe fèt konsa:*

1. The Ward's address at the time of filing this plan is / *Adrès moun ki sou Titèl la lè w ap depoze plan sa a se*

2. During the preceding year, the Ward resided at (include dates, names, addresses and length of stay at each place) / *Pandan ane ki sot pase a, moun ki sou Titèl la te rete (mete dat, non, adrès ak kantite tan li te rete chak kote):*

3. The current residential setting (circle on) **is** or **is not** best suited for the current needs of the Ward / *Kote li rete kounye a (antoure youn) se oswa se pa kote ki pi apwopriye pou moun ki sou Titèl la rete.*

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 / *Plan pou asire moun ki sou Titèl la rete kote ki pi bon pou satisfè bezwen moun ki sou Titèl la ane k ap vini an:*

5. Description of professional medical treatment given to the Ward during the preceding year / *Dekri tretman medikal pwofesyonèl moun ki sou titèl la te resevwa ane ki sot pase a:*

PHYSICIAN TREATMENT DATE / *DAT TRETMAN FIZIK*

6. Report of a physician who examined the Ward no more than 90 days before the beginning of the report period is **attached**. / *Rapò yon doktè ki te egzaminen moun ki sou Titèl pa plis pase 90 jou avan kòmansman peryòd rapò a kole ak dokiman sa a. Report contains an evaluation of the Ward's condition and a statement of the current level of capacity of the Ward. / Rapò a gen yon evalyasyon sou kondisyon moun ki sou Titèl la ak yon deklarasyon sou nivo kapasite moun ki sou Titèl la nan moman an.*

7. Plan for provision of medical, mental health and rehabilitative services in the coming year is as follows / *Plan pou bay sèvis medikal, sante mantal ak reyabilitasyon nan ane k ap vini a:*

8. Information concerning the social condition of the Ward is submitted as follows / *Jan pou voye enfòmasyon sou kondisyon sosyal moun ki sou Titèl la:*

A. The social and personal services currently utilized by the Ward are / *Sèvis sosyal ak pèsonèl moun ki sou titèl la ap itilize kounye a:*

B. State the social skills of the Ward, including how well the Ward maintains interpersonal relationships with others / *Di kapasite sosyal*

moun ki sou Titèl la, tankou jan moun ki sou Titèl la boule ak lòt moun:

C. Describe the Ward's activities at communication and visitation / *Dekri aktivite moun ki sou Titèl la nan kominikasyon ak vizitasyon:*

D. Description of the social needs of the Ward / *Dekri bezwen sosyal moun ki sou Titèl la:*

9. Summary of activities during the preceding year designed to increase the capacity of the Ward / *Yon rezime aktivite pandan ane ki sot pase a ki te fèt pou amelyore kapasite moun ki sou titèl la:*

10. The Ward (circle one that applies) **is** or **is not** capable of having some or all of

his/her rights restored / *Moun ki sou Titèl la (antoure youn ki bon) kapab oswa pa kapab fè kèk oswa tout nan dwa li ki restore yo. If capable, identify rights that should be restored / Si li kapab, idantifye dwa ki dwe restore yo.*

11. I/We (circle one) **do** or **do not** plan to seek the restoration of any rights to the Ward. *Mwen/nou (antoure youn) gen plan oswa pa gen plan pou chèche retore okenn dwa pou moun ki sou Titèl la.*

12. This plan (circle one) **has** or **has not** been reviewed with the Ward to the extent possible / *Plan sa a (antoure youn) te oswa pa te revize ak 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 the / Siyen le _____ day of/ jou _____

Attorney for Guardian (If applicable) / *Avoka pou Titè a (Si genyen)*

Florida Bar No./ *No. Bawo Florida*

Signature of Guardian/*Siyati Titè a*

Signature of Co-Guardian / *Siyati Dezyèm Titè a*

Address / Adrès

Signature of Ward (If applicable) / *Siyati Titèl la (Si bezwen)*

IN THE CIRCUIT COURT FOR ORANGE COUNTY, FLORIDA
PROBATE DIVISION
IN RE: GUARDIAN ADVOCACY OF / REZON: TITÈL AK FONKSYON LIMITE

CASE NO. / NO. DOSYE

PHYSICIAN'S REPORT / RAPÒ DOKTÈ

1. Name of Physician / *Non Doktè a:*

Address/*Adrès*

2. Name of ward / *Non moun ki sou titèl la:*

3. Date of examination / *Dat egzamen an:*

4. Purpose of examination / *Rezon egzamen an:*

a. Regular checkup / *Egzamen Regilye*

b. Treatment for / *Tretman pou*

5. Evaluation of ward's condition / *Evalyasyon kondisyon moun ki sou Titèl la: (Specify mental and physical condition at time of exam / Eksplike ki kalite kondisyon mantal ak fizik lè egzamen an te fèt)*

6. Description of ward's capacity to live independently / *Deskripsyon kapasite moun ki sou titèl la pou viv poukont li:*

7. The ward (circle one) **does** or **does not** continue to need assistance of a guardian /
Moun ki sou titèl la kontinye oswa pa kontinye bezwen asistans yon titèl.

8. Is the ward capable of being restored to capacity at this time / Eske moun ki sou titèl la
ka restore a kapasite li kounye a? (circle one) **Yes** or **NO** / (antoure youn) **Wi** ou **NON**

9. Date of this report / *Dat rapò sa a:* _____

10. Signature of physician completing this report / *Siyati doktè ki fè rapò sa a:*
