

Annual Plan and Physician's Report

These are instructions for filing an Annual Guardianship Plan in Pinellas County. Pasco County may have slightly different requirements. It is recommended that you check www.pascoclerk.com/public-courts-guardianships.asp for a Pasco County case.

Effective 7/1/15, the annual plan is due not less than 60 and no more than 90 days prior to the end of the anniversary month. The anniversary month is the month when the Letters of Guardianship were issued.

The image shows a screenshot of a Microsoft Word form titled "Annual Guardianship Plan". The form includes a header with the Florida Sixth Judicial Circuit seal and the text: "Annual Guardianship Plan (Pursuant to F.S. 744.367, the Report with Original Signatures is due at least 60 days, but no more than 90 days, before the last day of the anniversary month that the letters of guardianship were signed.)". Below this, it says "In the Circuit Court, Sixth Judicial Circuit, Florida" and "County: Pinellas". A dropdown menu is open for the county, showing "Pinellas" and "Pasco". A red arrow points to the dropdown arrow with the text: "Drop-down fields will have an arrow next to them." The form has several fields: "IN RE: GUARDIANSHIP OF:" (with a gray box), "Social Security Number:" (with a gray box), "Case Number:" (with "12-3-45678"), "For the period:" (with "2/1/17" and "2/28/18"), "Guardianship Inception Date:" (with "2/1/13"), and "Guardian Name:" (with a gray box). A red arrow points to the gray box for the guardian name with the text: "Gray rectangles with no arrow are fill-in-the-blank and most will expand to fit data." Below this is a section "The Ward is living:" with three radio button options: "In a private residence leased or owned by them (house, condo, apartment).", "In a private residence not leased or owned by them (such as family member).", and "In a facility (Skilled Nursing, Assisted Living, etc)". The third option is selected. A red arrow points to the selected radio button with the text: "Gray squares are check boxes. You can use the mouse or keyboard." At the bottom, there are fields for "Address and Phone Number" with "Address:" and "Phone:" labels and gray input boxes.

- ✓ The Annual Plan form was designed with Microsoft Word, but can be used with other word processing software. It is not recommended that you hand-write the information, as you will likely need to attach a lot of additional pages for explanations.
- ✓ It is recommended that you have your documentation compiled and accessible before filling in the form—such as: the ward's medications; doctor's names and addresses; and the Order Determining Incapacity and Appointing Guardian for the list of rights removed and retained.

- ✓ After you begin entering the information on page one, save the form with ward's name to your hard drive. This will allow you to create a 'master copy' with the case information saved so you can use it again in the future. Then, after you have entered the year-specific information, you can save a copy with the ward's name and the reporting year.
- ✓ Save the information often! It may take time to finish, or you may get interrupted. If you save the data you are entering as you go, you can avoid losing valuable time.
- ✓ You should only need to enter case-specific data once. For example, when you enter the ward's name and case number on page one, it will auto-populate every page of the form. The information may not appear until you use either Print Preview, or actually print the form.
- ✓ Fill out the plan in its entirety by **answering all questions and completing all sections**, even if the answer is 'other' or 'N/A'. If either of these are used, the form allows for a detailed explanation. The gray box provided will expand as much as is needed to accommodate a complete explanation.
- ✓ You can use the tab key to move from field to field. You can hold Shift + Tab to move backwards (go to the previous field).
- ✓ There are checkboxes in many of the questions. Simply click on them to select, then click again to de-select. You can also use your keyboard to type an 'X' in the box, or use the space bar.
- ✓ When you have completed the plan, it is recommended that you use the Print Preview and Page Set up features to prevent printing blank pages.
- ✓ Professional Guardians: The \$7.50 fee for maintaining professional guardian files (FS 744.3135) is due annually in January, regardless of when you were first appointed. Retain your receipt for this payment as it is per guardian, not per case and we may need your receipt to know what case it was paid on.
- ✓ The guardian must provide, as part of the Annual Report of the Guardian of the Person, a report of a physician who examined the ward **no more than 90 days** (for minors, 180 days) before the beginning of the reporting period.
 - The Physician's Report must include the date of the examination or you may get an Order Disapproving Guardianship Report.
 - If the Physician's evaluation of the ward's capacity to exercise their rights does not match the Order Determining Incapacity, you will need to file a petition with the court to modify the guardianship or you may get an Order Disapproving Guardianship Report.
 - Helpful Hint: The **right to travel** is predicated on the ability of the ward to travel **alone and unassisted**. This right is the most frequently misunderstood.
- ✓ If you have moved the ward since the last annual plan, you must provide an updated Disaster Plan. Please see the Disaster Plan section for more information.
- ✓ Remember that it is the duty of the guardian to notify the court if the ward has regained capacity and if one or more of the rights that have been removed should be restored (FS 744.361).

5	<p>In your opinion, is the patient capable of exercising the following?(Use checkboxes Below)</p> <p>Right to marry: Right to vote: Right to personally apply for government benefits: Right to have a driver's license: Right to travel: Right to seek or retain employment: Right to contract: Right to sue and be sued: Right to manage property or to make any give of disposition: Right to determine residence: Right to consent to medical treatment: Right to make decisions about social environment or social aspects:</p>	<table border="0"> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6	<p>Date of Examination: Click here to enter a date.</p>																																																					

<p>Doctor Signature</p>	<p>Click here to enter text. Type/Print Doctor Name</p>
<p>Click here to enter text. Doctor Address (Street Address, City, State, Zip)</p>	
<p>Click here to enter a date. Date of Doctor's Signature</p>	

In the event you receive an Order Disapproving Guardianship Report, you must file a written response through your attorney.

Helpful Hint:

Carezone.com is a free website, with a corresponding smart phone app. It will allow you to capture all of the ward's physicians, medications, appointments, medical device information, etc. You can create a free account for each of your wards, and if needed, export that information to a new physician. Additionally, should you be unavailable and a surrogate or stand-by guardian is acting in your stead, simply give them access to the account so that they will have all the information they need to attend to the ward's medical needs.

Initial Plan

These are instructions for filing an Initial Guardianship Plan in Pinellas County. Pasco County may have slightly different requirements. It is recommended that you check www.pascoclerk.com/public-courts-guardianships.asp for a Pasco County case.

The image shows a Microsoft Word document titled "Initial Guardianship Plan" for the Sixth Judicial Circuit in Florida. The form includes fields for the ward's name (Joe), Social Security Number, Case Number, and dates. A dropdown menu for "Select County" is open, showing "Pinellas" and "Pasco". A checkbox for "In a facility" is checked. The form also has sections for "Address and Phone Number" and "Guardian Name" (Jane Guardian). Red annotations highlight specific features: a dropdown menu with an arrow, a checkbox, and gray rectangular input fields.

Initial Guardianship Plan
(Pursuant to F.S. 744.632, this Report with Original Signatures is due within 60 days after the Letters of Guardianship are signed)

In the Circuit Court, Sixth Judicial Circuit, Florida
Select County: Pinellas

IN RE: GUARDIANSHIP OF: Joe
Social Security Number: [Gray Box]
Case Number: [Gray Box]
Guardianship Inception Date: [Gray Box]
Date Letters were signed: [Gray Box]
Indicate if this is a Successor Guardianship: [Gray Box]
Guardian Name: Jane Guardian

This Report, with original signatures, is due within 60 days after the Letters of Guardianship are signed and remains in effect until it is amended or replaced by the approval of a Successor Guardian.

The ward is living:
 In a private residence leased or owned by them (house, condo or apartment).
 In a private residence not leased or owned by them (such as family member).
 In a facility (Skilled Nursing, Assisted Living, etc).

Address and Phone Number: [Gray Box]
Address: [Gray Box]
Phone: [Gray Box]

For Official Use Only:

Drop-down fields will have an arrow next to them.

Gray rectangles with no arrow are fill-in-the-blank and most will expand to fit data.

Gray squares are check boxes. You can use the mouse or keyboard.

- ✓ The Initial Plan form was designed with Microsoft Word, but can be used with other word processing software. It is not recommended that you hand-write the information, but you will likely need to attach a lot of additional pages for explanations.
- ✓ After you begin entering the information, save the form with ward's name to your hard drive. This will allow you to easily find it again later.
- ✓ Save the information often! It may take time to finish, or you may get interrupted. If you save the data you are entering as you go, you can avoid losing valuable time.
- ✓ It is recommended that you have your documentation compiled and accessible before filling in the form—such as the ward's medications, doctor's names and addresses and the recommendations of the examining committee as incorporated into the order determining incapacity.
- ✓ Fill out the plan in its entirety by **answering all questions and completing all sections**, even if the answer is 'other' or 'N/A'. If either of these are used, the form allows for a detailed explanation. The gray box provided will expand as much as is needed to accommodate a complete explanation.

- ✓ You should only need to enter case-specific data once. For example, when you enter the ward's name and case number on page one, it will auto-populate every page of the form. You may not see this until you use the Print Preview feature.
- ✓ The first paragraph below the ward's mailing address will also auto-populate, but will not be viewable until you either use Print Preview or actually print the form.

The guardian(s) Jane Guardian submit(s) and propose(s) the following initial plan.

- ✓ You can use the tab key to move from field to field. You can hold Shift + Tab to move backwards (go to the previous field).
- ✓ There are checkboxes in many of the questions. Simply click on them to select, then click again to de-select. You can use the X key or spacebar of your keyboard to select and de-select.
- ✓ Remember, per FS 744.363(2), the initial guardianship plan for an incapacitated person must be based on the recommendations of the examining committee's examination, as incorporated into the order determining incapacity.
- ✓ Remember, per FS 744.362, the initial report shall be served on the ward, unless the ward is a minor under the age of 14 years or is totally incapacitated, and the attorney for the ward.
- ✓ When you have completed the plan, it is recommended that you use the Print Preview and Page Set up features to prevent printing blank pages.
- ✓ Per Administrative Order 2009-36, a Disaster Plan must be filed at the same time as (but not be attached to) the Initial Plan. See next section.

In the event you receive an Order Disapproving Guardianship Report, you must file a written response through your attorney.

Disaster Plans

- ✓ Per Administrative Order 2009-36, a Disaster Plan must be filed at the same time as (but not be attached to) the Initial Plan.
- ✓ Licensed facilities may provide a plan for you. Be aware that the Pinellas County Disaster Preparedness Certificate is NOT a Disaster Plan. (The certificate does not provide ward-specific information and, most importantly, does not notify the court of **where** the ward would be relocated to in the event of an evacuation.)
- ✓ If the ward is not in a facility, you can create your own by downloading and completing the form on: www.jud6.org/GeneralPublic/Guardianshipforms.html#otherforms
(See the form on the next page.)
- ✓ The gray box provided will expand as much as is needed to accommodate a complete explanation.
- ✓ Per Administrative Order 2009-36, an updated Disaster Plan must be filed if the ward has permanently changed residence.

GUARDIANSHIP DISASTER PLAN

Date of Plan:

Attach 2" x 2" Photograph Here

WARD INFORMATION

Name:

Case Number:

Address:

Telephone Number:

Date of Birth:

Eye/Hair Color:

Sex:

Height/Weight:

Identifying Scars/Marks:

Race:

Aliases:

Religion:

Social Security Number:

Medicare Number:

Additional Insurance:

Allergies:

Medications:

Disabilities/Impairment/Diagnosis:

Living Will: Yes (attach copy)

No

Physician's Name:

Telephone Number:

Address:

Where will Ward be relocated in the event of an evacuation:

Address:

Telephone Number:

GUARDIAN INFORMATION

Name:

Address:

Cell Phone:

Home Phone:

Other:

ATTORNEY INFORMATION

Name:

Telephone Number: