

**IN THE CIRCUIT COURT OF THE**

**IN AND FOR**

**COUNTY**

Case Number:

**Format Must Be  
PRCYNNNNNNN**

Division:

Amended Form? : \_\_\_\_\_

If yes, version of the Amended Form? : \_\_\_\_\_

Guardianship Type? : \_\_\_\_\_

IN RE: THE GUARDIANSHIP OF

\_\_\_\_\_ / (WARD NAME)

**SIMPLIFIED ANNUAL ACCOUNTING**

**FOR THE PERIOD OF TIME \_\_\_\_\_ TO \_\_\_\_\_**

Ward's Social Security Number: \_\_\_\_\_

Property Guardianship Type: \_\_\_\_\_

**SUMMARY**

1. Beginning Balance from Prior Accounting Period:

2. Interest Income:

3. Settlement Proceeds:

4. Total Income: (Add Lines 2 & 3)

5. Financial Institution Service Charges: (  )

6. \_\_\_\_\_ (Federal Income Tax) (  )

7. \_\_\_\_\_ (Court Ordered Ad-Litem Fees) (  )

8. \_\_\_\_\_ (Court Order Category) (  )

9. Total Disbursements: (Add Lines 5, 6, 7, & 8)

10. Balance at Close of Accounting Period: (Add lines 1 & 4, subtract line 9)

**(Balance at Close of Accounting Period should agree with fiscal year-end statement)**

**CERTIFICATION AND SIGNATURE OF  
GUARDIAN(S)**

(Check all that apply)

- The ward was declared totally incapacitated.
- The ward is a minor.
- All assets are in a designated depository account.
- The year end statement from the account is attached.
- The guardian has custody and control of the property as reflected in the year end statement.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing accounting, and the facts alleged are true, to the best of my knowledge and belief.

Date signed by Guardian \_\_\_\_\_

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Guardian Taxpayer Identification #

\_\_\_\_\_  
Guardian Telephone #

\_\_\_\_\_  
Guardian Mailing Address

\_\_\_\_\_  
Guardian City State, Zip

Guardian's Email Address: \_\_\_\_\_

-----**Co-Guardian**-----

Date signed by Co-Guardian \_\_\_\_\_

\_\_\_\_\_  
Co- Guardian Signature

\_\_\_\_\_  
Co-Guardian Name

\_\_\_\_\_  
Co-Guardian Taxpayer Identification #

\_\_\_\_\_  
Co-Guardian Telephone #

\_\_\_\_\_  
Co-Guardian Mailing Address

\_\_\_\_\_  
Co-Guardian City State, Zip

Co-Guardian's Email Address: \_\_\_\_\_

**CERTIFICATION AND SIGNATURE OF PREPARER**

I have prepared the Annual Accounting based upon the information provided by the guardian(s) with no independent verification of the information contained herein. I have not audited or reviewed the Annual Accounting or documents supporting the preparation of the Annual Accounting and, accordingly, do not express an opinion or any other form of assurance as to the accuracy of the information contained in the Annual Accounting.

Date signed by Preparer \_\_\_\_\_

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Preparer Name

\_\_\_\_\_  
Preparer Taxpayer Identification #

\_\_\_\_\_  
Preparer Telephone #

\_\_\_\_\_  
Preparer Mailing Address

\_\_\_\_\_  
Preparer City, State, Zip

Preparer's Email Address: \_\_\_\_\_

**CERTIFICATION AND SIGNATURE OF  
GUARDIAN'S ATTORNEY**

The undersigned hereby notifies the Court of the filing of the Annual Accounting of the guardian of the property. This Annual Accounting is the representation of the guardian. I have not audited the accompanying Annual Accounting. The undersigned attorney represents that he/she has examined the contents of this Annual Accounting and that it conforms to the requirements of the Florida Guardianship Law.

Date signed by Attorney \_\_\_\_\_

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Attorney Florida Bar Number

\_\_\_\_\_  
Attorney Telephone #

\_\_\_\_\_  
Attorney Mailing Address

\_\_\_\_\_  
Attorney City, State, Zip

Guardian's Attorney Email Address: \_\_\_\_\_