

IN THE CIRCUIT COURT OF THE SEVENTEENTH
JUDICIAL CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

Administrative Order 2020-59-PRC

GUARDIANSHIP REPORTING FORMS

(a) Pursuant to Article V, section 2(d) of the Florida Constitution, and section 43.26, Florida Statutes, the chief judge of each judicial circuit is charged with the authority and the power to do everything necessary to promote the prompt and efficient administration of justice.

(b) Florida Rule of Judicial Administration 2.215(b)(2) states that the chief judge is the “administrative officer of the courts within the circuit and shall, consistent with branch-wide policies, direct the formation and implementation of policies and priorities for the operation of all courts and officers within the circuit.”

(c) Florida Rule of Judicial Administration 2.215(b)(3) states the chief judge “shall, considering available resources, ensure the efficient and proper administration of all courts within [this] circuit.”

(d) Chapter 744 Florida Statutes requires that within guardianship proceedings, guardians are to file initial and annual guardianship reports. Guardianship reports consist of initial guardianship plans, verified inventories, annual guardianship plans, and annual accountings.

(e) The implementation of uniform guardianship reporting smart forms is necessary to ensure the efficient and expeditious processing, review, and auditing of initial and annual guardianship reports.

(f) In accordance with the authority vested in the chief judge pursuant to Article V, section 2(d) of the Florida Constitution, section 43.26, Florida Statutes, and Florida Rule of Judicial Administration 2.215, it is hereby **ORDERED, effective immediately**:

(1) Guardians shall use the uniform guardianship reporting smart forms available on the [Seventeenth Judicial Circuit’s Probate and Guardianship Smart Forms Homepage](#) and attached hereto, as follows:

Attachment A: INITIAL GUARDIANSHIP PLAN
Attachment B: INITIAL GUARDIANSHIP INVENTORY
Attachment C: ANNUAL GUARDIANSHIP PLAN
Attachment D: ANNUAL ACCOUNTING
Attachment E: SIMPLIFIED ANNUAL ACCOUNTING

- (2) The uniform guardianship reporting smart forms may be amended/updated from time to time without further amendment to this administrative order.
- (3) Failure to file timely guardianship reports shall result in the issuance of an order requiring the guardianship report to be filed within 15 days.

DONE AND ORDERED in Chambers, Fort Lauderdale, Florida, this 1st day of July, 2020.

/s/ Jack Tuter
Jack Tuter, Chief Judge

IN THE CIRCUIT COURT OF THE IN AND FOR COUNTY

Case Number:

**Format Must Be
PRCYNNNNNNNN**

Division:

Amended Form? :

If Yes, version of the Amended Form? :

Guardian Type:

IN RE: THE GUARDIANSHIP OF

INITIAL GUARDIANSHIP PLAN

PLAN PERIOD: **TO**

Guardianship Inception Date: _____

Date of Order of Incapacity: _____

the guardian of the person of submits the following Initial
Guardianship Plan for the Ward:

1. The Ward's present location is:

The name of the person/facility, address, and telephone number are:

Line 1

Line 2

Line 3

Line 4

2. The guardian for the plan period proposes the following as to the provision of medical services for the Ward:

☐ Routine examination by Primary Care Physician☐ Routine examination by Dentist☐ Routine examination by Specialist Specialist Name:☐ Routine examination by Ophthalmologist☐ Physical Therapy☐ Speech Therapy☐ Occupational Therapy☐ The Ward retains the right to make his or her own decision☐ Other

Explanation required only if "Other" option is checked:

<p>3. The guardian for the plan period proposes the following as to the provision of mental health services for the Ward:</p> <p> <input type="checkbox"/> Routine examination by Psychiatrist/Psychologist <input type="checkbox"/> Ongoing treatment outpatient <input type="checkbox"/> Ongoing treatment inpatient <input type="checkbox"/> None <input type="checkbox"/> Other </p> <p>Explanation required only if "Other" option is checked:</p>
<p>4. The Ward presently is prescribed or takes the followings types of medications:</p> <p> <input type="checkbox"/> Anti Anxiety <input type="checkbox"/> Anti Depressant <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetic <input type="checkbox"/> Memory Enhancement <input type="checkbox"/> Over the Counter <input type="checkbox"/> Psychotropic <input type="checkbox"/> Other Prescription </p>
<p>5. The guardian for the plan period proposes the following as to the provision of personal care services for the Ward:</p> <p> <input type="checkbox"/> Care Facility <input type="checkbox"/> Nurses and Aides <input type="checkbox"/> Family and Friends <input type="checkbox"/> Other </p> <p>Explanation required only if "Other" option is checked:</p>
<p>6. The guardian for the plan period proposes the following as to the provision of social/recreational services for the Ward:</p> <p> <input type="checkbox"/> Care Facility <input type="checkbox"/> Nurses and Aides <input type="checkbox"/> Family and Friends <input type="checkbox"/> The Ward retains the right to make their own decision <input type="checkbox"/> Other </p> <p>Explanation required only if "Other" option is checked:</p>
<p>7. The guardian for the plan period proposes the following as to the provision of social services for the Ward:</p> <p> <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Counseling <input type="checkbox"/> Homemaker/Personal Care <input type="checkbox"/> Home Delivered Meals <input type="checkbox"/> Private Services <input type="checkbox"/> Public Services <input type="checkbox"/> Senior Center <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Transportation <input type="checkbox"/> Volunteer Services <input type="checkbox"/> Other </p> <p>Explanation required only if "Other" option is checked:</p>

8. The guardian states the place and kind of residential setting best suited for the needs of the Ward is:

- ☐ Assisted Living (ALF)
- ☐ Group Home
- ☐ Intermediate
- ☐ Private Residence
- ☐ Skilled Nursing/CP
- ☐ Specialized
- ☐ State Hospital
- ☐ Other

Explanation required only if "Other" option is checked:

The guardian will ensure that the above is the best residential setting for the Ward by:

- ☐ Periodically Assessing Needs
- ☐ The Ward retains the right to decide
- ☐ No change, unless required by medical condition

9. The Ward has the following health insurance, accident insurance, private benefits, or governmental benefits available to meet the costs of medical, mental health, or related services:

- ☐ Health Maintenance Organization (HMO)
- ☐ Institutional Care Program
- ☐ Optional State Supplement
- ☐ Medicare
- ☐ Medicaid
- ☐ Pending Benefits, not yet received
- ☐ Pension
- ☐ Social Security
- ☐ Social Security Disability Income (SSDI)
- ☐ Supplemental Insurance
- ☐ Supplemental Security Income (SSI)
- ☐ VA
- ☐ Other

Explanation required only when "Pending Benefits, not yet received" or "Other" options are checked:

10. The guardian will secure the following physical/ mental examinations to determine the Ward's medical and mental health treatment needs:				
Provider's Name, Address, and Phone Number			Type of Provider	Approximate Date of Exam
A	Name:			
Street Address:				
City:	State:	Zip:		
Phone Number				
B	Name:			
Street Address:				
City:	State:	Zip:		
Phone Number				
C	Name:			
Street Address:				
City:	State:	Zip:		
Phone Number				
D	Name:			
Street Address:				
City:	State:	Zip:		
Phone Number				
E	Name:			
Street Address:				
City:	State:	Zip:		
Phone Number				
F	Name:			
Street Address:				
City:	State:	Zip:		
Phone Number				
G	Name:			
Street Address:				
City:	State:	Zip:		
Phone Number				

11. To assist the Court with review of the initial plan to determine if it is in the best interest of the Ward, please provide the following information:

- a. Please rate the ability of the Ward to engage in activities of daily living or instrumental activities of daily living:

Description	Rating
i. Administration of Medication	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
ii. Bathing	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
iii. Climbing Stairs	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
iv. Doing Laundry	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
v. Dressing	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
vi. Eating	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
vii. Grooming	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
viii. Heavy Chores	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all

ix. Light Housekeeping	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
x. Managing Money	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
xi. Prepare Meals	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
xii. Shopping	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
xiii. Toileting	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
xiv. Transferring	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
xv. Walking Mobility	<input type="checkbox"/> Ward needs no help <input type="checkbox"/> Ward needs some assistance <input type="checkbox"/> Ward cannot do at all
<p>b. The diagnosed mental disabilities of the Ward are:</p> <p> <input type="checkbox"/> Alzheimer's type of dementia <input type="checkbox"/> Autism Spectrum Disorders <input type="checkbox"/> Closed Head Injury <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Induced by substance abuse <input type="checkbox"/> Schizophrenia or related disorders <input type="checkbox"/> Other </p> <p>Explanation required only if "Other" option is checked:</p>	

c.	<p>The diagnosed physical disabilities of the ward are:</p> <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Mobility <input type="checkbox"/> Blindness <input type="checkbox"/> Deafness <input type="checkbox"/> Diabetic <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Severe arthritis <input type="checkbox"/> Other </div> <p>Explanation required only if "Other" option is checked:</p>
d.	<p>The assistive devices used by the Ward are:</p> <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Crutches <input type="checkbox"/> Denture <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Prosthetics <input type="checkbox"/> Walker/Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> None <input type="checkbox"/> Other </div> <p>Explanation required only if "Other" option is checked:</p>
e.	<p>The plan for the next twelve (12) months for disaster preparedness for the Ward is:</p> <p>Explanation:</p>
<p>12. To assist the court in providing demographic information to private and public entities, please provide the following information:</p>	
a.	<p>Is the Ward a native Floridian?</p> <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet Determined </div>
b.	<p>If the Ward is not a native of Florida, the date of relocation to Florida:</p>
c.	<p>The Ward's primary spoken language is:</p> <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Other _____ </div>
d.	<p>The Ward's race is:</p> <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other _____ </div>
e.	<p>The Ward's date of birth is:</p>

PREEXISTING ORDERS NOT TO RESUSCITATE AND ADVANCE DIRECTIVES

Instructions (*For adult wards only): List any preexisting orders not to resuscitate executed under s. 401.45(3) or preexisting advance directives, as defined in s. 765.101. Include the date an order or directive was signed, whether such order or directive has been suspended by the court, and a description of the steps taken to identify and locate the preexisting order not to resuscitate or advance directive (attach additional pages if necessary).

1	Title of Order/Directive	
	Date Order/Directive signed	
	Order/Directive suspended by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Description of steps taken to identify and locate Order/Directive	
2	Title of Order/Directive	
	Date Order/Directive signed	
	Order/Directive suspended by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Description of steps taken to identify and locate Order/Directive	
3	Title of Order/Directive	
	Date Order/Directive signed	
	Order/Directive suspended by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Description of steps taken to identify and locate Order/Directive	
4	Title of Order/Directive	
	Date Order/Directive signed	
	Order/Directive suspended by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Description of steps taken to identify and locate Order/Directive	

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

(Check all that apply)

- ☐ The recommendations of the examining committee are incorporated into this plan.
- ☐ The Ward was declared totally incapacitated.
- ☐ The Ward is a minor.
- ☐ The guardian has consulted with the Ward, to the extent reasonable, has honored the Ward's wishes, and to the maximum extent possible the plan is in accordance with the Ward's wishes or consistent with the rights retained by the Ward.
- ☐ The plan does not restrict the physical liberty of the Ward except as necessary to protect the Ward and others from serious physical injury, illness, or disease.
- ☐ The plan provides for the Ward's medical care and mental health treatment.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, 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 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

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

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 initial guardianship plan of the guardian of the person. This initial plan is the representation of the guardian. I have not audited the accompanying initial guardianship plan. The undersigned attorney represents that he/she has examined the contents of this plan 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:

IN THE CIRCUIT COURT OF THE

IN AND FOR

COUNTY

Case Number:

**Format Must Be
PRCYNNNNNNNN**
Division:

Amended Form? :

*If yes, version of the Amended Form? :

Guardian Type:

IN RE: THE GUARDIANSHIP OF

INITIAL INVENTORY

Guardianship Inception Date:

Ward's Social Security Number: _____

Property Guardianship Type:

SUMMARY**Net Value of Real Property Assets/Encumbrances:** From Section 1**Cash Assets:** From Section 2**Intangible Assets:** From Section 3**Personal Property:** From Section 4**Other Encumbrances/Liabilities:** From Section 5

()

Total

1. Real Property Assets and Encumbrances					
Do you have entries for Section 1:					
The ward's ownership or liability will be a percentage based upon the total number holding title or responsible for the encumbrance. For example, if three individuals have an ownership interest in the real property, the ward's percentage is 33.3%					
#	Description and Address	Full Value	How Titled	Ward's %	Ward's Value
1	Description of Property:				
	Street Address:				
	City: State: Zip				
	Name of joint owner:				
	Street Address:				
	City: State: Zip:				
	Encumbrance 1:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				
	Encumbrance 2:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				
	Encumbrance 3:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				
	Encumbrance 4:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				
	Encumbrance 5:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				

Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
2 Description of Property:						
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				

Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:						
State:						
Zip:						
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:						
State:						
Zip:						
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:						
State:						
Zip:						
3 Description of Property:						
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				

Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						

Street Address:						
City:	State:	Zip:				
4	Description of Property:					
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						

Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
5	Description of Property:					
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						

Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
6 Description of Property:						
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						

Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Total for Section 1 (Net Value to be transferred to Section 1 of Summary Page)						

2. Cash Assets							
Do you have entries for Section 2:							
The ward's ownership or liability will be a percentage based upon the total number holding title. For example, if three individuals have an ownership interest in the asset, the ward's percentage is 33.3.							
Location			Type of Asset	Full Value	How Titled	Ward's %	Ward's Value
1 Institution Name:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
2 Institution Name:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
3 Institution Name:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
4 Institution Name:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
5 Institution Name:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
6 Institution Name:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
7 Institution Name:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
Total for Section 2 (Net Value to be transferred to Section 2 of Summary Page)							

3. Intangible Assets

Do you have entries for Section 3:

The ward's ownership will be a percentage based upon the total number holding title or responsible for the encumbrance. For example, if two individuals have an ownership interest in the real property, the ward's percentage is 50%. The number of shares should only be inserted if the intangible asset is not held in a brokerage or other similar account. If the intangible asset is held in a brokerage or similar account the intangible asset value should be the amount as reflected on the brokerage or similar account statement.

Issuer Name, Address		Type of Asset	Full Value	How Titled	Ward's %	Ward's Ending Value
1 Issuer Name:						
Account Number						
Number of Shares:						
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
2 Issuer Name:						
Account Number						
Number of Shares:						
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
3 Issuer Name:						
Account Number						
Number of Shares:						
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
4 Issuer Name:						
Account Number						
Number of Shares:						
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
5 Issuer Name:						
Account Number						
Number of Shares:						
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Total for Section 3 (Total to be transferred to Section 3 of Summary Page)						

4. Personal Property Assets							
Do you have entries for Section 4:							
The ward's ownership will be a percentage based upon the total number holding title. For example, if three individuals have an ownership interest in the asset, the ward's percentage is 33.3							
Address and General Description			Type of Asset	Inventory Value	How Titled	Ward's %	Ward's Value
1 General Description:							
Street Address:							
City	State:	Zip:					
Name of joint owner:							
Street Address							
City							
State:							
Zip:							
2 General Description:							
Street Address:							
City	State:	Zip:					
Name of joint owner:							
Street Address							
City							
State:							
Zip:							
3 General Description:							
Street Address:							
City	State:	Zip:					
Name of joint owner:							
Street Address							
City							
State:							
Zip:							
4 General Description:							
Street Address:							
City	State:	Zip:					
Name of joint owner:							
Street Address							
City							
State:							
Zip:							
5 General Description:							
Street Address:							
City	State:	Zip:					
Name of joint owner:							
Street Address							
City							
State:							
Zip:							
6 General Description:							
Street Address:							
City	State:	Zip:					
Name of joint owner:							
Street Address							
City							
State:							
Zip:							
7 General Description:							
Street Address:							
City	State:	Zip:					
Name of joint owner:							
Street Address							
City							
State:							
Zip:							
Total for Section 4 (Total to be transferred to Section 4 of Summary Page)							

5. Secured/Unsecured Liabilities (Not reflected in Section 1)							
Do you have entries for Section 5:							
Instructions: List all liabilities > \$1,000. If debt exceeds \$1,000 and is not a part of the monthly budget, please list in this section.							
Creditor, Description, and Address			Type of Liability	Full Amount of Liability	How Titled	Ward's %	Ward's Share of Amount Due
1 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
2 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
3 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
4 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
5 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
Total for Section 5 (Total to be transferred to Section 5 of Summary Page							

Continuation of Secured/Unsecured Liabilities (Not reflected in Section 1)							
Instructions: List all liabilities > \$1,000. If debt exceeds \$1,000 and is not a part of the monthly budget, please list in this section.							
Creditor, Description, and Address			Type of Liability	Full Amount of Liability	How Titled	Ward's %	Ward's Share of Amount Due
6 Creditor Name: 0							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
7 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
8 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
9 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
10 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
Total for Section 5 (Total to be transferred to Section 5 of Summary Page							

6. Sources of Income

Do you have entries for Section 6:

#	Type	Payor	Estimated Annual Amount
1			
2			
3			
4			
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12			
13			
14			
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7. Lawsuits Against the Ward

Do you have entries for Section 7:

#	Description of Lawsuit & Court Addresses	Date of Debt Occurrence	Estimated Amount of Claim
1	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
2	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
3	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
4	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
5	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
6	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
7	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
8	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		

8. Pending Litigation and/or Lawsuits the Ward May Bring the if Court Approval Received

Do you have entries for Section 8:

#	Description of Lawsuit & Court Addresses	Date of Claim Occurrence	Estimated Amount of Claim
1	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
City:	State:	Zip:	
2	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
City:	State:	Zip:	
3	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
City:	State:	Zip:	
4	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
City:	State:	Zip:	
5	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
City:	State:	Zip:	
6	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
City:	State:	Zip:	
7	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		

Attorney Representing Ward:				
Florida Bar Number:				
Court Name:				
Court Mailing Address:				
City:	State:	Zip:		
8	Case Number:			
	Defendant Name:			
	Describe Cause of Action:			
Attorney Representing Ward:				
Florida Bar Number:				
Court Name:				
Court Mailing Address:				
City:	State:	Zip:		

9. The Ward as of the Guardianship Inception Date was Entitled to Receive, but had not Received the Following

Do you have entries for Section 9:

Instructions: If the guardian has knowledge of assets which the Ward is entitled to receive, but were not received as of GID then those assets should be listed here. Examples: Insurance Policies, Benefits, Inheritance or settlements from litigation.

	Description	Estimated Date of Receipt	Estimated Amount
1			
2			
3			
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9			
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11			
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10. Trusts

Do you have entries for Section 10:

#	Name of Current Trustee, Account, and Addresses	Ward's Interest	Estimated Date Trust was Created	Amount of Trust
1	Name of Trustee:			
Financial Institution is:				
Street Address:				
City:	State:			
2	Name of Trustee:			
Financial Institution is:				
Street Address:				
City:	State:			
3	Name of Trustee:			
Financial Institution is:				
Street Address:				
City:	State:			
4	Name of Trustee:			
Financial Institution is:				
Street Address:				
City:	State:			
5	Name of Trustee:			
Financial Institution is:				
Street Address:				
City:	State:			
6	Name of Trustee:			
Financial Institution is:				
Street Address:				
City:	State:			
7	Name of Trustee:			
Financial Institution is:				
Street Address:				
City:	State:			
8	Name of Trustee:			
Financial Institution is:				
Street Address:				
City:	State:			

11. Hazard & Liability Policies,Annuities/Life Insurance/Disability/Long Term Care Policies

Do you have entries for Section 11: -Select One-

Name of Issuer, Address, Account Number			Type of Insured Interest	Status	Description of Insured Interest
1	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
2	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
3	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
4	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
5	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
6	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
7	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
8	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
9	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
10	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
11	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			

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

(Check all that apply)

- ☐ A copy of safe-deposit box inventory was provided to the ward.
- ☐ The ward was declared totally incapacitated.
- ☐ The ward is a minor.
- ☐ Proof of the items for Section 1 is attached.
- ☐ Proof of the items for Section 2 is attached.
- ☐ Proof of the items for Section 3 is attached.
- ☐ Proof of the items for Section 4 is attached.
- ☐ Proof of the items for Section 5 is attached.
- ☐ The ward has a safe deposit box(s) and/or the right to enter a box registered in joint names or in the name of another person or entity.
- ☐ All property held in a safe deposit box is reflected in the Initial Inventory.
- ☐ The surety bond as required by the Order Appointing Guardian has been posted.
- ☐ The required audit fee is attached.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, 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 Initial Inventory based upon the information provided by the guardian(s) and/or attorney with no independent verification of the information contained herein. I have not audited or reviewed the Initial Inventory or documents supporting the preparation of the Initial Inventory and, accordingly, do not express an opinion or any other form of assurance as to the accuracy of the information contained in the Initial Inventory.

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 Initial Inventory of the guardian of the property. This Initial Inventory is the representation of the guardian. I have not audited the accompanying Initial Inventory. The undersigned attorney represents that he/she has examined the contents of this Initial Inventory 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: _____

IN THE CIRCUIT COURT OF THE			IN AND FOR			COUNTY		
						Case Number: <input type="text"/>		
						Format Must Be PRCYNNNNNNNN		
						Division: <input type="text"/>		
						Amended Form?:		
						If yes, version of the Amended Form? :		
						Guardian Type :		
IN RE: THE GUARDIANSHIP OF _____/								
Note: Minors also need to have Annual Plan								
ANNUAL GUARDIANSHIP PLAN								
FOR THE PERIOD OF TIME TO								
Guardianship Inception Date: _____ Date of Order of Incapacity: _____								
_____, guardian of the person of _____ submits the following Annual Guardianship Plan for the Ward:								
1. The Ward's present location is: The name of the person/facility, address, and telephone number are: Line 1 Line 2 Line 3 Line 4								

2. The Ward during the preceding 12 months resided at the following locations:					
Facility Name, Address, and Phone Number			Type of Facility	Start Date of Residence	Approximate Ending Date of Residence
A	Facility Name:				
Street Address:					
City:	State:	Zip:			
Phone Number:					
B	Facility Name:				
Street Address:					
City:	State:	Zip:			
Phone Number:					
C	Facility Name:				
Street Address:					
City:	State:	Zip:			
Phone Number:					
D	Facility Name:				
Street Address:					
City:	State:	Zip:			
Phone Number:					
E	Facility Name:				
Street Address:					
City:	State:	Zip:			
Phone Number:					
F	Facility Name:				
Street Address:					
City:	State:	Zip:			
Phone Number:					
G	Facility Name:				
Street Address:					
City:	State:	Zip:			
Phone Number:					
H	Facility Name:				
Street Address:					
City:	State:	Zip:			
Phone Number:					

3. A. The guardian states the place and kind of residential setting best suited for the needs of the Ward is:

- ☐ Assisted Living (ALF)
- ☐ Group Home
- ☐ Intermediate
- ☐ Private Residence
- ☐ Skilled Nursing/CP
- ☐ Specialized
- ☐ State Hospital
- ☐ Other

Explanation required only if other checked:

B. The guardian will ensure that the above is the best residential setting for the Ward by:

- ☐ Periodically Assessing Needs
- ☐ The Ward retains the right to decide
- ☐ No change, unless required by medical condition

C. The guardian states that every facility where the Ward resided was licensed, if licensing is required by law:

If no, please provide an explanation as to why the Ward resided in a non licensed facility:

4. Care plans were required to be prepared by any facility where the Ward resided during the preceding 12 months:

If yes, the number of care plan meetings the guardian attended or discussed with the facility on the Ward's behalf during the preceding 12 months:

Explanation required if answer 0 to care plan meetings:

5. The guardian visited the Ward during the preceding 12 months as follows:

Note: Please select all that applies and enter the number of visits

First three months	<input type="text"/>
Second three months	<input type="text"/>
Third three months	<input type="text"/>
Fourth three months	<input type="text"/>

This applies to each quarter of the plan period for the last 12 months.

6. The following is a description of the medical and/or mental health treatment provided to the Ward during the preceding 12 months:

Provider's Name Address, and Phone Number			Type of Provider	Number of Visits
A	First:	MI: Last:		
Street Address:				
City:	State: Zip:			
Phone Number:				
B	First:	MI: Last:		
Street Address:				
City:	State: Zip:			
Phone Number:				
C	First:	MI: Last:		
Street Address:				
City:	State: Zip:			
Phone Number:				
D	First:	MI: Last:		
Street Address:				
City:	State: Zip:			
Phone Number:				
E	First:	MI: Last:		
Street Address:				
City:	State: Zip:			
Phone Number:				
F	First:	MI: Last:		
Street Address:				
City:	State: Zip:			
Phone Number:				
G	First:	MI: Last:		
Street Address:				
City:	State: Zip:			
Phone Number:				

7. The guardian for the plan period proposes the following as to the provision of medical and rehabilitative services for the Ward:

- ☐ Physical Therapy
- ☐ Routine examination by Dentist
- ☐ Routine examination by Primary Care Physician
- ☐ Routine examination by Ophthalmologist
- ☐ Routine examination by Specialist _____
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ The Ward retains the right to make their own decision
- ☐ Other

Explanation required only if other checked:

8. The guardian for the plan period proposes the following as to the provision of mental health services for the Ward:

- ☐ Routine examination by Psychiatrist/Psychologist
- ☐ On going treatment outpatient
- ☐ On going treatment inpatient
- ☐ None
- ☐ Other

Explanation required only if other checked:

9. The Ward during the preceding 12 months was prescribed or took the following types of medications:

- ☐ Anti Anxiety
- ☐ Anti Depressant
- ☐ Cardiac
- ☐ Diabetic
- ☐ Memory Enhancement
- ☐ Over the counter
- ☐ Psychotropic
- ☐ Other Prescription

10. The guardian for the plan period proposes the following as to the provision of personal care services for the Ward:

- ☐ Care facility
- ☐ Nurses and Aides
- ☐ Family and Friends
- ☐ Other

Explanation required only if other checked:

11. The guardian for the plan period proposes the following as to the provision of social recreation for the Ward:

- ☐ Care facility
- ☐ Nurses and Aides
- ☐ Family and Friends
- ☐ The Ward retains the right to make their own decision
- ☐ Other

Explanation required only if other checked:

12. a. Baker Act – Was the Ward involuntarily placed or examined during the preceding 12 months under Chapter 394, F.S.?

If yes, the number of times the Ward was involuntarily placed or examined during the preceding 12 months:

- b. How the Ward was involuntarily placed in a treatment facility?
- ☐ Ex parte court order where petition filed by guardian or family or other interested person
 - ☐ An authorized mental health professional
 - ☐ Law Enforcement

13. The guardian provides the following statement as to the social condition of the Ward:

- a. The guardian provides the following statement of the social skills of the Ward, including how well the Ward maintains interpersonal relationship with others:

- ☐ High Social Skills (maintains friendship)
- ☐ Moderate Social Skills (can carry on a conversation)
- ☐ Low Social Skills (inability to communicate)

- b. The guardian provides the following description of the Ward's activities at communication and visitation:

- ☐ Highly Active Outside
- ☐ Moderately Active
- ☐ Low Activity
- ☐ Other

Explanation required only if other checked:

- c. The guardian provides the following description of the unmet social needs of the Ward:

- ☐ No Unmet Needs
- ☐ The Ward does not care to socialize
- ☐ Unmet Needs

Explanation required only if Unmet Needs checked:

- d. The guardian for the plan period proposes the following as to the provision of social services for the Ward:

- ☐ Adult Day Care
- ☐ Counseling
- ☐ Homemaker/Personal Care
- ☐ Home Delivered Meals
- ☐ Private Services
- ☐ Public Services
- ☐ Senior Center
- ☐ Sheltered Workshop
- ☐ Transportation
- ☐ Volunteer Services
- ☐ Other

Explanation required only if other checked:

14. The following activities were undertaken during the preceding 12 months in an effort to increase the capacity of the Ward:

- ☐ Encouragement to participate in social/recreational activities
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Psychiatric Care
- ☐ Rehabilitation Services
- ☐ Speech Therapy
- ☐ Other

Explanation required only if Other checked:

15. The guardian during the preceding 12 months utilized the following health insurance, accident insurance, private benefits, or governmental benefits available to meet the costs of medical, mental health, or related services:

- ☐ Health Maintenance Organization (HMO)
- ☐ Institutional Care Program
- ☐ Optional State Supplement
- ☐ Medicare
- ☐ Medicaid
- ☐ Pension
- ☐ Social Security
- ☐ Social Security Disability Income (SSDI)
- ☐ Supplemental Insurance
- ☐ Supplemental Security Income (SSI)
- ☐ VA
- ☐ Other

Explanation required only if other checked:

16. Can any of the following rights be restored?

Right To:	Answer
a. Consent to Medical Treatment	
b. Contract	
c. Determine Residence	
d. Have a Driver's License	
e. Make decision about social environment or other aspects of social life	
f. Manage Property or make Gift of Disposition	
g. Marry	
h. Personally apply for Government Benefits	
i. Seek or Retain Employment	
j. Sue and be Sued	
k. Travel	
l. Vote	

17. If you answered yes to any rights listed in question 16, or if the doctor has indicated on the attached physician's report that a right may be restored – will restoration be sought?	
Right To:	Answer
a. Consent to Medical Treatment	
b. Contract	
c. Determine Residence	
d. Have a Driver's License	
e. Make decision about social environment or other aspects of social life	
f. Manage Property or make Gift or Disposition	
g. Marry	
h. Personally apply for Government Benefits	
i. Seek or Retain Employment	
j. Sue and be Sued	
k. Travel	
l. Vote	

18. To assist the Court with review of the annual plan to determine if it is in the best interest of the Ward, please provide the following information:

- a. Please rate the ability of the Ward to engage in activities of daily living or instrumental activities of daily living:

Description	Rating
i. Administration of Medication	
ii. Bathing	
iii. Climbing Stairs	
iv. Doing Laundry	
v. Dressing	
vi. Eating	
vii. Grooming	
viii. Heavy Chores	
ix. Light Housekeeping	
x. Managing Money	
xi. Preparing Meals	
xii. Shopping	
xiii. Toileting	
xiv. Transferring(from wheelchair to chair/bed)	
xv. Walking/Mobility	

b. The diagnosed mental disabilities of the Ward are:

- ☐ Alzheimer's type of dementia
- ☐ Autism Spectrum Disorders
- ☐ Closed Head Injury
- ☐ Dementia
- ☐ Depression
- ☐ Developmental Disabilities
- ☐ Induced by substance abuse
- ☐ Schizophrenia or related disorders
- ☐ Other

Explanation required only if other checked:

c. The diagnosed physical disabilities of the ward are::

- ☐ Mobility
- ☐ Blindness
- ☐ Deafness
- ☐ Diabetic
- ☐ Parkinson's disease
- ☐ Severe arthritis
- ☐ Other

Explanation required only if "Other" option is checked:

d. The assistive devices used by the Ward are:

- ☐ Crutches
- ☐ Denture
- ☐ Glasses
- ☐ Hearing Aid
- ☐ Prosthetics
- ☐ Walker/Cane
- ☐ Wheelchair
- ☐ None
- ☐ Other

Explanation required only if other checked:

e. The plan for the next twelve (12) months for disaster preparedness for the Ward is:

Explanation:

PREEXISTING ORDERS NOT TO RESUSCITATE AND ADVANCE DIRECTIVES

Instructions (*For adult wards only): List any preexisting orders not to resuscitate executed under s. 401.45(3) or preexisting advance directives, as defined in s. 765.101. Include the date an order or directive was signed, whether such order or directive has been suspended by the court, and a description of the steps taken to identify and locate the preexisting order not to resuscitate or advance directive (attach additional pages if necessary).

1	Title of Order/Directive	
	Date Order/Directive signed	
	Order/Directive suspended by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Description of steps taken to identify and locate Order/Directive	
2	Title of Order/Directive	
	Date Order/Directive signed	
	Order/Directive suspended by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Description of steps taken to identify and locate Order/Directive	
3	Title of Order/Directive	
	Date Order/Directive signed	
	Order/Directive suspended by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Description of steps taken to identify and locate Order/Directive	
4	Title of Order/Directive	
	Date Order/Directive signed	
	Order/Directive suspended by the court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Description of steps taken to identify and locate Order/Directive	

DECLARATION OF REMUNERATION RECEIVED BY GUARDIAN			
Instructions: List the total amounts of all prior remuneration (payment or other benefit made directly or indirectly, overtly or covertly, or in cash or in kind) received by the guardian from any source for services rendered to or on behalf of the Ward (Please list the type of remuneration, source, and amount)			
#	Type	Source	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Total Amount of Remuneration Received by Guardian			

ANNUAL PHYSICIAN'S REPORT OF EXAMINATION (All items must be answered)	
1. This report is based on an examination of the patient _____, which was made on: Date: _____	
2. DIAGNOSIS: <div style="height: 40px;"></div>	
3. RECOMMENDED TREATMENT: <div style="height: 40px;"></div>	
4. PROGNOSIS: <div style="height: 40px;"></div>	
5. Current Level of Capacity: The Ward can make informed decisions as to: (answer: Yes or No)	
a. Marrying	
b. Voting	
c. Personally applying for government benefits	
d. Traveling	
e. Seek or retaining employment	
f. Contracting	
g. Suing and being sued	
h. Managing property or to making any gift of disposition	
i. Determining residence	
j. Consenting to medical treatment	
k. Making decisions about social environment to social aspects	
l. Having a Driver's License	
Doctor's Name: (Please Print) _____ Date: _____	
Doctor's Signature: _____	
Doctor's Address: <div style="height: 20px; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="height: 20px; border-bottom: 1px solid black;"></div>	

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

(Check all that apply)

- ☐ The Ward was declared totally incapacitated.
- ☐ The Ward is a minor.
- ☐ The guardian has consulted with the Ward, to the extent reasonable, has honored the Ward's wishes, and to the maximum extent possible the plan is in accordance with the Ward's wishes or consistent with the rights retained by the Ward.
- ☐ The plan does not restrict the physical liberty of the Ward except as necessary to protect the Ward and others from serious physical injury, illness, or disease.
- ☐ The plan provides for the Ward's medical care and mental health treatment.
- ☐ The physician's statement of an examination of the Ward no more than 90 days before the beginning of the plan period is attached.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, 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

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

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 guardianship plan of the guardian of the person. This annual plan is the representation of the guardian. I have not audited the accompanying annual guardianship plan. The undersigned attorney represents that he/she has examined the contents of this plan 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: _____

IN THE CIRCUIT COURT OF THE IN AND FOR .. COUNTY

Case Number:

**Format Must Be
PRCYNNNNNNNN**

Division: Probate

Amended Form? :

If Yes, version of the Amended Form? :

Guardian Type :

Final Form:

IN RE: THE GUARDIANSHIP OF _____

ANNUAL ACCOUNTING

FOR THE PERIOD OF TIME TO

Ward's Social Security Number: _____

Property Guardianship Type: _____

SUMMARY OF INCOME AND DISBURSEMENTS

1. Beginning Balance from Prior Accounting Period

2. Income: Section 1

3. Disbursements - No Orders: from Section 2

4. Disbursements - Non Standing Orders: from Section 3

5. Disbursements - Standing Orders: from Section 4

6. Total Disbursements:

7. Capital Adjustments: from Section 5

(
(
(
(

8. Balance at Close of Accounting Period:

SUMMARY OF ASSETS AND LIABILITIES

9. Cash Assets: from Section 6

10. Net Value of Real Property: from Section 7

11. Intangible Assets: from Section 8

12. Personal Property Assets: from Section 9

13. Encumbrances and Liabilities: from Section 10

(

14. Total Assets/Liabilities at Close of Accounting Period:

(Line 8 should equal Line 14)

1. Income

Important Note: Do not include receipts from the sale or dispositions of assets, such transactions are to be entered in Section 5.

Do you have entries for Section 1:

#	Source	Payor	Income Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
Total Amount of Section 1 (Total to be transferred to Section 1 of Summary Page)			

2. Disbursements – No Orders

Do you have entries for Section 2:

Instructions: Entries for this section are those amounts paid by the guardian for which no order authorizing payment of the Ward's expenses was entered by the court.

#	Bank Account Number	Category	Payee	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
Total Amount of Section 2 (Total to be transferred to Section 2 of Summary Page)				

3. Disbursements – Non Standing Orders

Do you have entries for Section 3:

Instructions: Entries for this section will be payments by the guardian for the benefit of the ward, by court order which is not the "monthly" budget or "one" time initial authorization for funds pending establishment of a budget.

#	Bank Account Number	Date of Court Order	Category	Payee	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
Total for Section 3 (Total to be transferred to Section 3 of Summary Page)					

4. Disbursements – Standing Orders

Do you have entries for Section 4:

Instructions: Entries for this section are payments by the guardian for the benefit of the ward pursuant to the establishment of a budget or the "one" time initial authorization for funds pending establishment of a budget.

Dates of Court Orders:

#	Bank Account Number	Category	Description and Date of Other	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
Total for Section 4 (Total to be transferred to Section 4 of Summary Page)				

5. Capital Adjustments

Do you have entries for Section 5:

#	Description of Asset	Description of Adjustment	Date of Transaction	Gain	Loss
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
Total					
Total for Section 5 (Total to be transferred to Section 5 of Summary Page)					

6. Cash Assets

Do you have entries for Section 6:

Location		Type of Asset	Restricted Depository Account	Ending Balance	
1	Institution Name:				
Account Number:					
Street Address:					
City:	State:				Zip:
Name of joint owner:					
Street Address:					
City:	State:				Zip:
2	Institution Name:				
Account Number:					
Street Address:					
City:	State:				Zip:
Name of joint owner:					
Street Address:					
City:	State:				Zip:
3	Institution Name:				
Account Number:					
Street Address:					
City:	State:				Zip:
Name of joint owner:					
Street Address:					
City:	State:				Zip:
4	Institution Name:				
Account Number:					
Street Address:					
City:	State:				Zip:
Name of joint owner:					
Street Address:					
City:	State:				Zip:
5	Institution Name:				
Account Number:					
Street Address:					
City:	State:				Zip:
Name of joint owner:					
Street Address:					
City:	State:				Zip:
6	Institution Name:				
Account Number:					
Street Address:					
City:	State:				Zip:
Name of joint owner:					
Street Address:					
City:	State:				Zip:
Total for Section 6 (Total to be transferred to Section 6 of Summary Page)					

Section 7. Real Property Assets and Encumbrances

Do you have entries for Section 7?

Instructions: The Ward's ownership or liability will be a percentage based upon the total number of individuals holding title or responsible for the encumbrance. For example, if three individuals have an ownership interest in the real property, the Ward's percentage is 33.3%.

#	Description and Address	Full Value	How Titled	Ward's %	Ward's Value
1	Description of Property:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
	City: State: Zip:				
	Encumbrance 1:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor:				
	Street Address:				
	City: State: Zip:				
	Encumbrance 2:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor:				
	Street Address:				
	City: State: Zip:				
	Encumbrance 2:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor:				
	Street Address:				
	City: State: Zip:				
	Encumbrance 2:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor:				
	Street Address:				
	City: State: Zip:				
	Encumbrance 2:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor:				
	Street Address:				
	City: State: Zip:				

3	Description of Property:						
Street Address:							
City:		State:	Zip:				
Name of joint owner:							
Street Address:							
City:		State:	Zip:				
Encumbrance 1:							
Name of Entity:							
Account Number:							
Street Address:							
City:		State:	Zip:				
Name of joint obligor:							
Street Address:							
City:		State:	Zip:				
Encumbrance 2:							
Name of Entity:							
Account Number:							
Street Address:							
City:		State:	Zip:				
Name of joint obligor:							
Street Address:							
City:		State:	Zip:				
4	Description of Property:						
Street Address:							
City:		State:	Zip:				
Name of joint owner:							
Street Address:							
City:		State:	Zip:				
Encumbrance 1:							
Name of Entity:							
Account Number:							
Street Address:							
City:		State:	Zip:				
Name of joint obligor:							
Street Address:							
City:		State:	Zip:				
Encumbrance 2:							
Name of Entity:							
Account Number:							
Street Address:							
City:		State:	Zip:				
Name of joint obligor:							
Street Address:							
City:		State:	Zip:				
5	Description of Property:						
Street Address:							
City:		State:	Zip:				
Name of joint owner:							
Street Address:							
City:		State:	Zip:				

Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor:						
Street Address:						
City:						
State:						
Zip:						
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:						
State:						
Zip:						
Name of joint obligor:						
Street Address:						
City:						
State:						
Zip:						
6 Description of Property:						
Street Address:						
City:						
State:						
Zip:						
Name of joint owner:						
Street Address:						
City:						
State:						
Zip:						
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:						
State:						
Zip:						
Name of joint obligor:						
Street Address:						
City:						
State:						
Zip:						
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:						
State:						
Zip:						
Name of joint obligor:						
Street Address:						
City:						
State:						
Zip:						
Total for Section 7 (Net Value to be included in Section 7 of Summary Page)						

8. Intangible Assets						
Do you have entries Section 8:						
The ward's ownership will be a percentage based upon the total number holding title or responsible for the encumbrance. For example, if two individuals have an ownership interest in the asset, the ward's percentage is 50%						
The number of shares should only be inserted if the intangible asset is not held in a brokerage or other similar account. If the intangible asset is held in a brokerage or similar account the intangible asset value should be the amount reflected on the brokerage or other similar account statement.						
Issuer Name, Address		Type of Asset	Full Value	** How Titled	Ward's %	Ward's Ending Value
1 Issuer Name:						
Account Number:						
Number of Shares:						
Street Address:						
City:		State:	Zip:			
Name of joint owner:						
Street Address:						
City:		State:	Zip:			
2 Issuer Name:						
Account Number:						
Number of Shares:						
Street Address:						
City:		State:	Zip:			
Name of joint owner:						
Street Address:						
City:		State:	Zip:			
3 Issuer Name:						
Account Number:						
Number of Shares:						
Street Address:						
City:		State:	Zip:			
Name of joint owner:						
Street Address:						
City:		State:	Zip:			
4 Issuer Name:						
Account Number:						
Number of Shares:						
Street Address:						
City:		State:	Zip:			
Name of joint owner:						
Street Address:						
City:		State:	Zip:			
5 Issuer Name:						
Account Number:						
Number of Shares:						
Street Address:						
City:		State:	Zip:			
Name of joint owner:						
Street Address:						
City:		State:	Zip:			
Total for Section 8 (Total to be transferred to Section 8 of Summary Page)						

9. Personal Property Assets							
Do you have entries Section 9:							
The ward's ownership will be a percentage based upon the total number holding title. For example, if three individuals have an ownership interest in the asset, the ward's percentage is 33.3							
Address and General Description			Type of Asset	Inventory Value	** How Titled	Ward's %	Ward's Value
1 General Description:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
2 General Description:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
3 General Description:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
4 General Description:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
5 General Description:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
6 General Description:							
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:			State:		Zip:		
Total for Section 9 (Total to be transferred to Section 9 of Summary Page)							

10. Secured/Unsecured Liabilities (Not reflected in Section 7)

Do you have entries Section 10:

Instructions: List all liabilities > \$1,000. If debt exceeds \$1,000 and is not a part of the monthly budget, please list in this section.

Creditor, Description, and Address		Type of Liability	Current Amount Due	** How Titled	Ward's %	Ward's Share of Amount Due
1	Creditor Name:					
Account Number:						
Description of Security, if any						
Address:						
City:	State:	Zip:				
Name of joint obligor:						
Address:						
City:	State:	Zip:				
2	Creditor Name:					
Account Number:						
Description of Security, if any						
Address:						
City:	State:	Zip:				
Name of joint obligor:						
Address:						
City:	State:	Zip:				
3	Creditor Name:					
Account Number:						
Description of Security, if any						
Address:						
City:	State:	Zip:				
Name of joint obligor:						
Address:						
City:	State:	Zip:				
4	Creditor Name:					
Account Number:						
Description of Security, if any						
Address:						
City:	State:	Zip:				
Name of joint obligor:						
Address:						
City:	State:	Zip:				
5	Creditor Name:					
Account Number:						
Description of Security, if any						
Address:						
City:	State:	Zip:				
Name of joint obligor:						
Address:						
City:	State:	Zip:				
Total for Section 10 (Total to be transferred to Section 10 of Summary Page						

11. Sale of Real Property

Do you have entries for Section 11:

Note: This page is to collect data only for information purpose.

#	Description of Property, Name of Purchaser, Name of Real Estate Agent, and Address of Property	Date of Court Order	Value on Inventory/ Last Accounting	Sales Price
1	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			
2	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			
3	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			
4	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			
5	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			
6	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			
7	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			
8	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			
9	Purchaser Name:			
	Name of Real Estate Agent:			
	Description of Property:			
	Property Address:			
	City: State: Zip:			

12. Sale of Personal Property

Do you have entries for Section 12:

Note: This page is to collect data only for information purpose.

#	Description of Property, Name of Purchaser and Address	Date of Court Order	Value on Inventory/ Last Accounting	Sales Price
1	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
2	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
3	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
4	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
5	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
6	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
7	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
8	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
9	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
10	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			
11	Property Description:			
	Purchaser Name:			
	Property Address:			
	City: State: Zip:			

13. Trusts

Do you have entries for Section 13:

If the Ward is a beneficiary of a Pooled, Special Needs, or Qualified Income Trust; a statement as to the income and disbursements for the benefit of the ward must be attached.

#	Name of Trustee, Account, and Addresses	Ward's Interest	Estimated Date (Trust was created)	Amount of Trust
1	Name of Trustee:			
	Account #:			
	Financial Institution is: -Select One-			
	Trustee Street Address:			
	City: State: Zip:			
2	Name of Trustee:			
	Account #:			
	Financial Institution is: -Select One-			
	Trustee Street Address:			
	City: State: Zip:			
3	Name of Trustee:			
	Account #:			
	Financial Institution is: -Select One-			
	Trustee Street Address:			
	City: State: Zip:			
4	Name of Trustee:			
	Account #:			
	Financial Institution is: -Select One-			
	Trustee Street Address:			
	City: State: Zip:			
5	Name of Trustee:			
	Account #:			
	Financial Institution is: -Select One-			
	Trustee Street Address:			
	City: State: Zip:			
6	Name of Trustee:			
	Account #:			
	Financial Institution is: -Select One-			
	Street Address:			
	City: State: Zip:			
7	Name of Trustee:			
	Account #:			
	Financial Institution is: -Select One-			
	Trustee Street Address:			
	City: State: Zip:			

14. Hazard & Liability Policies, Annuities/Life Insurance/Disability/Long Term Care Policies

Do you have entries for Section 14:

Name of Issuer, Address, Account Number				Type of Insured Interest	Status	Description of Interest Insured
1 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
2 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
3 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
4 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
5 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
6 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
7 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
8 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
9 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
10 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				
11 Name of Issuer:						
Policy Number:						
Address:						
City:	State:	Zip:				

[illegible]

DECLARATION OF REMUNERATION RECEIVED BY GUARDIAN			
Instructions: List the total amounts of all prior remuneration (payment or other benefit made directly or indirectly, overtly or covertly, or in cash or in kind) received by the guardian from any source for services rendered to or on behalf of the Ward (Please list the type of remuneration, source, and amount)			
#	Type	Source	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Total Amount of Remuneration Received by Guardian			

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

(Check all that apply)

- ☐ The ward was declared totally incapacitated.
- ☐ The ward is a minor.
- ☐ Proof of the items for Section 6 is attached.
- ☐ Proof of the items for Section 7 is attached.
- ☐ Proof of the items for Section 8 is attached.
- ☐ Proof of the items for Section 10 is attached.
- ☐ Proof of the items for Section 11 (closing statement) is attached.
- ☐ Proof of the items for Section 12 (special/bill of sale) is attached.
- ☐ Proof of the items for Section 13 (SNT/Pooled/QIT only) is attached.
- ☐ The receipts, checks and substantiating papers are maintained as required by Chapter 744, Fla. Stat., and will be made available for review as directed by the Clerk of Court Auditor or court order.
- ☐ The surety bond as required by court order has been posted.
- ☐ The blanket surety bond for a professional guardian has been posted.
- ☐ The required audit fee is attached.

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 Address¹

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 Address¹

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) and/or attorney 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 1

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 1

Attorney City, State, Zip

Guardian's Attorney Email Address: _____

IN THE CIRCUIT COURT OF THE	IN AND FOR	COUNTY
<div style="text-align: right;"> Case Number: <input style="width: 100px;" type="text"/> Format Must Be PRCYNNNNNNNN Division: <input style="width: 50px;" type="text"/> Amended Form? : _____ If yes, version of the Amended Form? : _____ Guardianship Type? : _____ </div>		
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:	<input style="width: 100px;" type="text"/>	
2. Interest Income:	<input style="width: 100px;" type="text"/>	
3. Settlement Proceeds:	<input style="width: 100px;" type="text"/>	
4. Total Income: (Add Lines 2 & 3)	<input style="width: 100px;" type="text"/>	
5. Financial Institution Service Charges:		(<input style="width: 80px;" type="text"/>)
6. _____ (Federal Income Tax)		(<input style="width: 80px;" type="text"/>)
7. _____ (Court Ordered Ad-Litem Fees)		(<input style="width: 80px;" type="text"/>)
8. _____ (Court Order Category)		(<input style="width: 80px;" type="text"/>)
9. Total Disbursements: (Add Lines 5, 6, 7, & 8)		<input style="width: 100px;" type="text"/>
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)		<input style="width: 100px;" type="text"/>

**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: _____