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

Administrative Order 2020-59-PRC (First Amendment)

GUARDIANSHIP REPORTING FORMS AND REFERRAL TO GENERAL MAGISTRATE

- (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 General Practice and 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 General Practice and 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) Section 744.369, Florida Statutes requires that courts shall review initial and annual guardianship reports after the filing of the clerk's report of findings to the court. Section 744.369, Florida Statutes and Florida Probate Rule 5.697, allow the court to appoint general magistrates to assist in its review of guardianship inventories, accountings, and plans (guardianship reports).

- (g) The appointment of general magistrates to review initial and annual guardianship reports is necessary to efficiently and expeditiously perform the court's required review of guardianship reports.
- (h) 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 General Practice and Judicial Administration 2.215, it is hereby **ORDERED**, effective immediately:
- (1) Guardians shall use the uniform guardianship reporting smart forms available on the <u>Seventeenth Judicial Circuit's Probate and Guardianship Smart Forms Homepage</u> 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.
- (4) The review of initial and annual guardianship reports (initial plan, inventory, annual plan, and annual accounting) are hereby referred to a general magistrate of the Probate Division pursuant to the provisions of Section 744.369(2), Florida Statutes and Florida Probate Rule 5.697.

DONE AND ORDERED in Chambers, Fort Lauderdale, Florida, this 12th day of July, 2023.

/s/ Jack Tuter
Jack Tuter, Chief Judge

IN THE CIRCUIT COURT OF THE	IN AND FOR	COUNTY
	Case Numbe	Format Must Be PRCYYNNNNNN Division: Probate
	Amended F	form? :
	If Yes, version of the Amended F	orm?:
	Guardian	Туре:
IN RE: THE GUARDIANSHIP OF/		
INITIAL GUAR	DIANSHIP PLAN	
PLAN PERIOD: TO		
Guardianship Inception Date:	Date of Order of Incapacity: _	
the guardian of the person of Guardianship Plan for the Ward: 1. The Ward's present location is: The name of the person/facility, address, an Line 1 Line 2 Line 3		its the following Initial
Line 4	to the second state of the	al a a mile a a few the
2. The guardian for the plan period proposes the followard: Routine examination by Primary Care Phys Routine examination by Dentist Routine examination by Specialist Routine examination by Ophthalmologist Physical Therapy Speech Therapy Occupational Therapy The Ward retains the right to make his or held Other Explanation required only if "Other" option is checking the summer of the summer o	pecialist Name: er own decision	ai services for the

3.	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
	Ongoing treatment outpatient
	Ongoing treatment inpatient
	None
	Other
	Explanation required only if "Other" option is checked:
4.	The Ward presently is prescribed or takes the followings types of medications:
•••	Anti Anxiety
	☐ Anti Depressant
	☐ Cardiac
	☐ Diabetic
	Memory Enhancement
	Over the Counter
	☐ Psychotropic
	☐ Other Prescription
5.	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" option is checked:
6.	The guardian for the plan period proposes the following as to the provision of social/recreational
0.	services 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" option is checked:
7.	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" option is checked:
	Explanation required only in Outlot option to encoured.

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		
Α	Name:				
Stree	et Address:	T			
City:		State:	Zip:		
Phor	ne Number				
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-	et Address:	1	T		
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G	Name:				
Stree	et Address:				
City:		State:	Zip:		
Phor	ne 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:				
 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	☐ Ward needs no help			
	☐ Ward needs some assistance			
	☐ Ward cannot do at all			
ii. Bathing	☐ Ward needs no help			
	☐ Ward needs some assistance			
	☐ Ward cannot do at all			
iii. Climbing Stairs	☐ Ward needs no help			
	☐ Ward needs some assistance			
	☐ Ward cannot do at all			
iv. Doing Laundry	☐ Ward needs no help			
	☐ Ward needs some assistance			
	☐ Ward cannot do at all			
v. Dressing	☐ Ward needs no help			
	☐ Ward needs some assistance			
	☐ Ward cannot do at all			
vi. Eating	☐ Ward needs no help			
	☐ Ward needs some assistance			
	☐ Ward cannot do at all			
vii. Grooming	☐ Ward needs no help			
	☐ Ward needs some assistance			
	☐ Ward cannot do at all			
viii. Heavy Chores	☐ Ward needs no help			
	☐ Ward needs some assistance			
	☐ Ward cannot do at all			

ix. Light Housekeeping	☐ Ward needs no help
	☐ Ward needs some assistance
	☐ Ward cannot do at all
x. Managing Money	☐ Ward needs no help
	☐ Ward needs some assistance
	☐ Ward cannot do at all
xi. Prepare Meals	☐ Ward needs no help
	☐ Ward needs some assistance
	☐ Ward cannot do at all
xii. Shopping	☐ Ward needs no help
	☐ Ward needs some assistance
	☐ Ward cannot do at all
xiii. Toileting	☐ Ward needs no help
	☐ Ward needs some assistance
	☐ Ward cannot do at all
xiv. Transferring	☐ Ward needs no help
	☐ Ward needs some assistance
	☐ Ward cannot do at all
xv. Walking Mobility	☐ Ward needs no help
	☐ Ward needs some assistance
	☐ Ward cannot do at all
b. The diagnosed mental disabilities of the Ward 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" option is or	

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:
u.	Crutches
	☐ Denture
	Glasses
	Hearing Aid
	☐ Prosthetics ☐ Walker/Cane
	Wheelchair
	None
	Other
	Explanation required only if "Other" option is checked:
e.	The plan for the next twelve (12) months for disaster preparedness for the Ward is:
Ex	planation:
	assist the court in providing demographic information to private and public entities, please provide owing information:
the follo	owing information:
the follo	owing information: Is the Ward a native Floridian?
the follo	owing information: Is the Ward a native Floridian? □ Yes
the follo	owing information: Is the Ward a native Floridian? ☐ Yes ☐ No
the follo	owing information: Is the Ward a native Floridian? □ Yes
the follo	owing information: Is the Ward a native Floridian? ☐ Yes ☐ No
the follo	bwing information: Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is:
the follo	owing information: Is the Ward a native Floridian? ☐ Yes ☐ No ☐ Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: ☐ English
the follo	bwing information: Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish
the follo	Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole
the follo	Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole Portuguese
the follo	Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole
b.	Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole Portuguese
b.	Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole Portuguese Other The Ward's race is: Asian or Pacific Islander
b.	owing information: s the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole Portuguese Other Other The Ward's race is: Asian or Pacific Islander Black (Non-Hispanic)
b.	owing information: s the Ward a native Floridian? Yes
b.	owing information: Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole Portuguese Other The Ward's race is: Asian or Pacific Islander Black (Non-Hispanic) Hispanic Native American
b.	owing information: Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole Portuguese Other The Ward's race is: Asian or Pacific Islander Black (Non-Hispanic) Hispanic Native American White (Non-Hispanic)
b.	bewing information: Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole Portuguese Other The Ward's race is: Asian or Pacific Islander Black (Non-Hispanic) Hispanic Native American White (Non-Hispanic) Other Other Other Other
b.	owing information: Is the Ward a native Floridian? Yes No Not Yet Determined If the Ward is not a native of Florida, the date of relocation to Florida: The Ward's primary spoken language is: English Spanish Creole Portuguese Other The Ward's race is: Asian or Pacific Islander Black (Non-Hispanic) Hispanic Native American White (Non-Hispanic)

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). Title of Order/Directive Date Order/Directive signed Order/Directive suspended by ☐ YES ☐ NO 1 the court? Description of steps taken to identify and locate Order/Directive Title of Order/Directive Date Order/Directive signed Order/Directive suspended by ☐ YES ☐ NO 2 the court? Description of steps taken to identify and locate Order/Directive Title of Order/Directive Date Order/Directive signed Order/Directive suspended by ☐ YES ☐ NO 3 the court? Description of steps taken to identify and locate Order/Directive Title of Order/Directive Date Order/Directive signed Order/Directive suspended by ☐ YES ☐ NO the court? Description of steps taken to identify and locate Order/Directive

CERTIFICATION AND SIGNATURE OF GUARDIAN(S)

9	OARDIAN(O)
wishes, and to the maximum extent possible the or consistent with the rights retained by the Ward. The plan does not restrict the physical liberty of Ward and others from serious physical injury, The plan provides for the Ward's medical care.	the extent reasonable, has honored the Ward's he plan is in accordance with the Ward's wishes ard. of the Ward except as necessary to protect the illness, or disease.
facts alleged are true, to the best of my knowledg	
Date signed by Guardian	
Guardian Signature	Guardian Name
Guardian Taxpayer Identification #	Guardian Telephone #
Guardian Mailing Address	
Guardian City State, Zip	_
Guardian's Email Address:	
——с	o-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	<u> </u>
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.

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:	
GUARI The undersigned hereby notifies the Court of the person. This initial plan is the representation	the filing of the initial guardianship plan of the guardian of tion of the guardian. I have not audited the accompanying orney represents that he/she has examined the contents 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 PRCYYNNNNNN Division: Probate
	Am	ended Form? :
* 1	f yes, version of the Ame	ended Form?:
	G	suardian Type:
IN RE: THE GUARDIANSHIP OF		
ΙΝΙΤΙΔΙ	INVENTORY	
Guardianship II		
Ward's Social Security Number: Property Guardianship Type:		
su	IMMARY	
Net Value of Real Property Assets/Encumbrane 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	d Address	Full Value	How Titled	Ward's %	Ward's Value
1 Des	cription of Property:				•	
Street Addres	SS:					
City:	State:	Zip				
Name of join	t owner:					
Street Addres						
City:	State:	Zip:				
Encumbranc	e 1:					
Name of Ent	ity:					
Account Num	iber:					
Street Addres	SS:					
City:	State:	Zip:				
Name of join	t obligor					
Street Addres						
City:	State:	Zip:				
Encumbranc	e 2:					
Name of Ent						
Account Num	ber:					
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City:	State:	Zip:				
Name of join	t obligor					
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City:	State:	Zip:				
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City: Description		Zip:	1		
5 Description Street Address:	oi Property:		1	1	
	State:	7:	-		
City:		Zip:	4		
Name of joint owner:			4		
Street Address:	Taci	T	4		
City:	State:	Zip:			
Encumbrance 1:			4		
Name of Entity:			-		
	Account Number:				
Street Address:	T.a.	T	4		
City:	State:	Zip:	4		
Name of joint obligor	•		4		
Street Address:	Г-	T	4		
City:	State:	Zip:			
Encumbrance 2:			_		
Name of Entity:			4		
Account Number:			_		
Street Address:	1 -		_		
City:	State:	Zip:	↓		
Name of joint obligor	•		_		
Street Address:	Ta	T_:	_		
City:	State:	Zip:	1		
Encumbrance 3:					
Name of Entity:			1		
Account Number:			1		
Street Address:			1		
City:	State:	Zip:	1		
Name of joint obligor			1		
Street Address:			1		
City:	State:	Zip:	1		
Encumbrance 4:		1 1			
Name of Entity:			1		
Account Number:	1				
Street Address:			1		
City:	State:	Zip:	1		
Name of joint obligor			1		
<u> </u>			•		

Street Address:					
City:	State:	Zip:			
Encumbrance 5:					
Name of Entity:					
Account Number:					
Street Address:			1		
City:	State:	Zip:	1		
Name of joint obligor			1		
Street Address:			1		
City:	State:	Zip:	1		
Encumbrance 6:		I - F			
Name of Entity:			1		
Account Number:			1		
Street Address:			†		
City:	State:	Zip:	1		
Name of joint obligor		<i> Δ</i> ιρ.	-		
Street Address:			-		
City:	State:	Zip:	1		
Encumbrance 7:	State.	Į Ζip.			
			4		
Name of Entity:			_		
Account Number:			4		
Street Address:	Ta	T	1		
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:	1		
Name of joint owner:	4		1		
Street Address:			†		
City:	State:	Zip:	-		
Encumbrance 1:	State.	<i>μ</i> Διμ.			
Name of Entity:			1		
Account Number:			4		
			_		
Street Address:	I 01 1	1	1		
City:	State:	Zip:	1		
Name of joint obligor			4		
Street Address:	I o	T	4		
City:	State:	Zip:			
Encumbrance 2:			4		
Name of Entity:	1				
Account Number:	1				
Street Address:			1		
City:	State:	Zip:]		
Name of joint obligor					

Street Address:						
City:	State:	Zip:				
Encumbrance 3:	- Clato.	12.6.				
Name of Entity:						
Account Number:						
Street Address:	01-1-	7				
City:	State:	Zip:				
Name of joint obligor	<u> </u>					
Street Address:	l Ctata:	7:				
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:	101-1-	1				
City:	State:	Zip:				
Name of joint obligor	Г					
Street Address:	Ctoto	7:				
City: Encumbrance 5:	State:	Zip:				
Name of Entity:						
Account Number:						
Street Address:	101-1-	1				
City:	State:	Zip:				
Name of joint obligor	<u> </u>					
Street Address:	01-1-	7				
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:	l Ctata:	7:				
City:	State:	Zip:				
Name of joint obligor	Γ					
Street Address:	Ctoto	7in:				
City: Encumbrance 7:	State:	Zip:				
Name of Entity: Account Number:						
Street Address:						
	Stato:	7in:				
City: Name of joint obligor	State:	Zip:				
Street Address:	ı					
City:	State:	Zip:				
Encumbrance 8:	Jiale.	<u> </u>				
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor		∠ιμ.				
Street Address:	i					
	State:	Zip:				
City: Total for Section 1 (N			ection 1 of Summer	v Dago)	<u> </u>	
TOTAL TOT SECTION 1 (IV	ici value lu L	e nansieneu io St	Cuon i di Summa	y raye)		<u> </u>

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:			Asset	Value	Titloa	/0	Value
	Address:							
City:	Tradicoo.	State:	Zip:					
	of joint owner:	Otato.	12.6.					
	Address:							
City:	7.00.000	State:	Zip:					
	Institution Name:							
	Address:							
City:		State:	Zip:					
	of joint owner:							
	Address:							
City:		State:	Zip:					
	Institution Name:			1				
Street	Address:			7				
City:		State:	Zip:					
	of joint owner:		<u>'</u>					
	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:					
	Institution Name:			_				
	Address:							
City:		State:	Zip:					
	of joint owner:			_				
	Address:			_				
City:		State:	Zip:					
	Institution Name:			_				
	Address:		T	_				
City:		State:	Zip:	_				
	of joint owner:			_				
	Address:			_				
City:		State:	Zip:					
Total f	for Section 2 (Net V	alue to be tr	ansferred to Section 2	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 A		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:		<u> </u>				
Street Address:						
City:	State:	Zip:				
2 Issuer Name:	•					
Account Number						
Number of Shares:	•					
Street Address:						
City:	State:	Zip:				
Name of joint owner:	•	1 1				
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			Summary Page)	•		<u>.</u>

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

	ess and General I		set, the ward's percen	Type of Asset	Inventory Value	How Titled	Ward's %	Ward's Value
1	General Descrip	tion:						
Street	Address:							
City		State:	Zip:	1				
Name	of joint owner:							
Street	Address			1				
City		State:	Zip:	1				
2	General Descrip	tion:						
Street	Address:			1				
City		State:	Zip:					
Name	of joint owner:							
Street	Address]				
City		State:	Zip:	1				
3	General Descrip	tion:						
Street	Address:]				
City		State:	Zip:]				
Name	of joint owner:]				
Street	Address			1				
City		State:	Zip:	1				
4	General Descrip	tion:						
Street	Address:			1				
City		State:	Zip:	1				
Name	of joint owner:			1				
Street	Address			1				
City		State:	Zip:	1				
5	General Descrip	tion:						
Street	Address:							
City		State:	Zip:	1				
Name	of joint owner:			1				
Street	Address			1				
City		State:	Zip:					
6	General Descrip	tion:						
Street	Address:]				
City		State:	Zip:]				
	of joint owner:]				
Street	Address]				
City		State:	Zip:					
7	General Descrip	tion:	•					
	Address:]				
City		State:	Zip:]				
	of joint owner:			1				
	Address]				
City		State:	Zip:					
Total	for Section 4 (To	tal to be trar	nsferred 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 Name:	Creditor, Description, and Address	Type of Liability	Full Amount of Liability	How Titled	Ward's %	Ward's Share of Amount Due
Description of Security, if any: Address:	1 Creditor Name:					
Address:	Account Number:					
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: 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: Zip: State: Zip: 5 Creditor Name: Account Number: Description of Security, if any: Address: City: State: Zip: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip: Name of joint obligor:<	Description of Security, if any:]			
Name of joint obligor: Address: Zip:						
Name of joint obligor: Address: Zip:	City: State:	Zip:	1			
Address:			1			
City: State: Zip: 2 Creditor Name: Account Number: Account Number: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip: 3 Creditor Name: Account Number: Account Nu			1			
Creditor Name:	_	Zip:	1			
Description of Security, if any: Address:						
Description of Security, if any: Address:	Account Number:		1			
Address: Zip: Name of joint obligor: Address: City: State: Zip: 3 Creditor Name: Account Number: Description of Security, if any: Address: City: State: Zip: Address: City: State: Zip: Adcress: City: State: Zip: Account Number: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: Zip: 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:			1			
City: State: Zip: Name of joint obligor: Address: City: State: Zip: 3			1			
Name of joint obligor: Address: Zip: Zip: Zip: Zip: Zip: Zip:		Zip:				
Address:	•					
City:						
3 Creditor Name:		Zip:				
Account Number: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip: 4	,					
Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip: 4 Creditor Name:	Į.					
Address						
City: State: Zip: Name of joint obligor: Address: City: State: Zip: 4 Creditor Name: Count 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:						
Name of joint obligor:		Zip:				
Address: City: State: Zip: Account Number: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip: Address: City: State: Zip: 5 Creditor Name: Description of Security, if any: Address: City: State: Zip: Address: City: State: Zip: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip: City: State: Zip:	,					
City: State: Zip: 4 Creditor Name: Account Number: Description of Security, if any: Address: Zip: City: State: Zip: Name of joint obligor: Address: City: State: Zip: 5 Creditor Name: Creditor Name: Account Number: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip:			1			
4 Creditor Name: Account Number: Description of Security, if any: Address: Zip: City: State: Zip: Name of joint obligor: Address: Zip: City: State: Zip: 5 Creditor Name: Account Number: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: Zip: City: State: Zip:		Zip:				
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: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip:						
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: Name of joint obligor: Address: City: State: Zip:						
Address:			1			
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:			1			
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:		Zip:	1			
Address: Zip: State: Zip: Zip: Zip:		<u> </u>	1			
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:			1			
5 Creditor Name: Account Number: Description of Security, if any: Address: City: State: Name of joint obligor: Address: City: State: Zip:		Zip:	1			
Account Number: Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip:					1	
Description of Security, if any: Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip:			1			
Address: City: State: Zip: Name of joint obligor: Address: City: State: Zip:			1			
City: State: Zip: Name of joint obligor: Address: City: State: Zip:			1			
Name of joint obligor: Address: City: State: Zip:		Zip:	1			
Address: City: State: Zip:	· · · · · · · · · · · · · · · · · · ·	ı P	1			
City: State: Zip:			1			
		Zip:	1			
Total for Section 5 (Total to be transferred to Section 5 of Summary Page	,		of Summary Pag	e	1	

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.

6 Creditor Name: 0 Account Number:		Liability	Titled	%	Ward's Share of Amount Due
Account Number:	•	1			
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:				

Sources of Income Do you have entries for Section 6: Type Payor **Estimated Annual Amount**

Lawsuits Against the Ward Do you have entries for Section 7: **Estimated Amount of Date of Debt** # **Description of Lawsuit & Court Addresses** Occurrence Claim **Case Number: Plaintiff Name: Describe Cause of Action:** Court Name: Court Mailing Address: City: State: Zip: **Case Number:** Plaintiff Name: 2 **Describe Cause of Action:** Court Name: Court Mailing Address: City: State: Zip: Case Number: Plaintiff Name: 3 **Describe Cause of Action:** Court Name: Court Mailing Address: State: Zip: City: Case Number: Plaintiff Name: **Describe Cause of Action:** Court Name: Court Mailing Address: City: State: Zip: Case Number: Plaintiff Name: **Describe Cause of Action:** Court Name: Court Mailing Address: City: State: Zip: Case Number: **Plaintiff Name:** 6 **Describe Cause of Action:** Court Name: Court Mailing Address: City: State: Zip: Case Number: Plaintiff Name: **Describe Cause of Action:** Court Name: Court Mailing Address: State: Zip: City: Case Number: **Plaintiff Name: Describe Cause of Action:** Court Name: Court Mailing Address: State: Zip: City:

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 **Estimated Amount of** Claim Occurrence Case Number: **Defendant Name: Describe Cause of Action:** Attorney Representing Ward:

	orney Representing W	/ard:		
	rida Bar Number:			
Coi	urt Name:			
Coi	urt Mailing Address:			
City	<i>/</i> :	State:	Zip:	
	Case Number:			
2	Defendant Name:			
	Describe Cause of	Action:		
Atto	orney Representing W	/ard:		
Flo	rida Bar Number:			
Coi	urt Name:			
Coi	urt Mailing Address:			
City	<i>/</i> :	State:	Zip:	
	Case Number:			
3	Defendant Name:			
	Describe Cause of	Action:		
Atto	orney Representing W	/ard:		
Flo	rida Bar Number:			
Co	urt Name:			
Co	urt Mailing Address:			
City	<i>/</i> :	State:	Zip:	
	Case Number:			
4	Defendant Name:			
	Describe Cause of	Action:		
	orney Representing W	/ard:		
Flo	rida Bar Number:			
Coi	urt Name:			
	urt Mailing Address:			
City		State:	Zip:	
	Case Number:			
5	Defendant Name:			
	Describe Cause of			
	orney Representing W	/ard:		
	rida Bar Number:			
	urt Name:			
	urt Mailing Address:			
City		State:	Zip:	
	Case Number:			
6	Defendant Name:			
	Describe Cause of			
	orney Representing W	/ard:		
	rida Bar Number:			
	urt Name:			
	urt Mailing Address:			
City		State:	Zip:	
	Case Number:			
7	Defendant Name:			
	Describe Cause of	Action:		
			17	

Attorney Representing Ward:						
Florida Bar Number:						
Court Name:						
Court Mailing Address:						
City	/ :	State:	Zip:			
	Case Number:					
8	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.

Schomonic	Description Description	Estimated Date of Receipt	Estimated 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			

10. Trusts Do you have entries for Section 10: # Name of Current Trustee, Account, and Ward's **Estimated Date** Amount of **Addresses** Interest **Trust was Created** Trust 1 Name of Trustee: Financial Institution is: Street Address: City: State: Zip: 2 Name of Trustee: Financial Institution is: Street Address: State: Zip: City: 3 Name of Trustee: Financial Institution is: Street Address: State: Zip: City: 4 Name of Trustee: Financial Institution is: Street Address: Zip: City: State: 5 Name of Trustee: Financial Institution is: Street Address: State: Zip: City: 6 Name of Trustee: Financial Institution is: Street Address: City: State: Zip: 7 Name of Trustee: Financial Institution is: Street Address: Zip: City: State: 8 Name of Trustee: Financial Institution is: Street Address: City: State: Zip:

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 Status Description of Interest Insured Interest Name of Issuer: Policy Number: Address: City: State: Zip Name of Issuer: Policy Number: Address: City: State: Zip 3 Name of Issuer: Policy Number: Address: City: State: Zip Name of Issuer: Policy Number: Address: State: City: Zip Name of Issuer: Policy Number: Address: State: Zip City: Name of Issuer: Policy Number: Address: City: State: Zip Name of Issuer: Policy Number: Address: State: City: Zip Name of Issuer: Policy Number: Address: State: Zip City: Name of Issuer: Policy Number: Address: City: State: Zip 10 Name of Issuer: Policy Number: Address: City: State: Zip 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. 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: ______

Attachment C

IN THE CIRCUIT COURT OF THE	IN AND FOR	COUNTY					
		Case Number: Format Must Be PRCYYNNNNNN Division:					
		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 o	f Incapacity:					
following Annual Guardianship Plan for the War	uardian of the person of d:	submits the					
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	
Α	Facility Name:					
Stre	et Address:					
City	•	State:	Zip:			
Pho	ne Number:					
В	Facility Name:					
Stre	et Address:					
City	:	State:	Zip:			
Pho	ne Number:					
С	Facility Name:					
Stre	et Address:					
City	:	State:	Zip:			
Pho	ne Number:					
D	Facility Name:					
Stre	et Address:					
City	:	State:	Zip:			
Pho	ne Number:		•			
E Facility Name:						
Stre	et Address:					
City	•	State:	Zip:			
Pho	ne Number:					
F	Facility Name:					
Stre	et Address:					
City	:	State:	Zip:			
Phone Number:						
G	G Facility Name:					
Street Address:						
City	:	State:	Zip:			
Phone Number:						
H Facility Name:						
Street Address:						
City	:	State:	Zip:			
Pho	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:
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 Second three months Third three months Fourth three months
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: Number of **Provider's Name Address, and Phone Number** Type of Provider **Visits** Α First: MI: Last: Street Address: Zip: City: State: Phone Number: First: MI: Last: Street Address: State: Zip: City: Phone Number: First: MI: Last: Street Address: City: State: Zip: Phone Number: D First: MI: Last: Street Address: City: State: Zip: Phone Number: First: MI: Last: Street Address: State: Zip: City: Phone Number: First: MI: Last: Street Address: City: State: Zip: Phone Number: 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 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 involuntary 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:			
ed the following health insurance, accident is available to meet the costs of medical, mental			
Answer			

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		
I. 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	

	mental disabilities of the Ward are:
	ype of dementia
	trum Disorders
☐ Closed Head ☐ Dementia	injury
☐ Depression	
	tal Disabilities
	ubstance abuse
	ia or related disorders
Other	a of foliated algoritors
_	virad only if other shocked:
Explanation req	uired only if other checked:
	hysical disabilities of the ward are::
☐ Mobility☐ Blindness	
☐ Deafness	
Diabetic	
Parkinson's d	isease
☐ Severe arthrit	
Other	
-	
Explanation req	uired only if "Other" option is checked:
d. The assistive de	vices used by the Ward are:
Crutches	
Denture	
Glasses	
Hearing Aid	
Prosthetics	
☐ Walker/Cane	
Other	
	uired only if other checked:
Explanation roq	and only if earler encored.
	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). Title of Order/Directive Date Order/Directive signed Order/Directive suspended by ☐ YES ☐ NO 1 the court? Description of steps taken to identify and locate Order/Directive Title of Order/Directive Date Order/Directive signed Order/Directive suspended by ☐ YES ☐ NO 2 the court? Description of steps taken to identify and locate Order/Directive Title of Order/Directive Date Order/Directive signed Order/Directive suspended by ☐ YES ☐ NO 3 the court? Description of steps taken to identify and locate Order/Directive Title of Order/Directive Date Order/Directive signed Order/Directive suspended by ☐ YES ☐ NO the court? 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)				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, which was			
made on:				
Date:				
2. DIAGNOSIS:				
3. RECOMMENDED TREATMENT:				
4. PROGNOSIS:				
5. Current Level of Capacity: The Ward can make informed decision	ons as to: (answer: Yes or No)			
a. Marrying				
b. Voting				
c. Personally applying for government benefits				
o. Forestiany 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				
1. Determining residence				
j. Consenting to medical treatment				
I Males I see to the second of				
k. Making decisions about social environment to social aspects				
I. Having a Driver's License				
Doctor's Name: (Please Print)Da	te:			
Doctor's Signature:				
Doctor's Address:				

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 Name Guardian Signature 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 Name Co-Guardian Signature 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.

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:	
The undersigned hereby notifies the Cou of the person. This annual plan is the accompanying a nnual gu ardianship p	CATION AND SIGNATURE OF JARDIAN'S ATTORNEY urt of the filing of the annual guardianship plan of the guardian re representation of the guardian. I have not audited the an. The undersigned attorney represents that he/she has nat it conforms to the requirements of the Florida Guardianship
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	C	OUNTY
			Case Number: Format Must Be PRCYYNNNNNN Division: Probate
			Amended Form? :
	If Yes,	version of the	Amended Form? :
		1	Guardian Type :
			Final Form:
IN RE: THE GUARDIANSHIP OF			
	ANNUAL ACCOUNTIN	IG	
FOR THE	PERIOD OF TIME	то	
Ward's Social Security Number:			
Property Guardianship Type:			
SUMMAR	Y OF INCOME AND DISE	BURSEMENTS	
 Beginning Balance from Prior Accounting Income: Section 1 Disbursements - No Orders: from Section Disbursements - Non Standing Orders: Disbursements - Standing Orders: from Total Disbursements: Capital Adjustments: from Section 5 	on 2 from Section 3		
8. Balance at Close of Accounting Pe	eriod:		
SUMM	ARY OF ASSETS AND L	IABILITIES	
9. Cash Assets: from Section 6 10. Net Value of Real Property: from Section 11. Intangible Assets: from Section 8 12. Personal Property Assets: from Section 13. Encumbrances and Liabilities: from Section 14. Total Assets/Liabilities at Close of	n 9 ection 10	()
14. Total Assets/Liabilities at Close of	Accounting Fenou.		

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			
2 3			
4			
5			
6 7			
7			
8			
9			
10 11			
11			
12			
13			
13 14 15			
15			
16			
17			
18 19			
19			
20			
21			
22 23			
23			
24			
25			
26 27			
28			
29			
30			
30 31			
32			
33			
34			
34 35			
36			
37			
38			
38 39			
40			
	ount of Section 1 (Total to be	e 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.

#	ment of the Ward's expenses was Bank Account Number	Category	Payee	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11 12				
12				
13				
14				
15				
16				
17				
18				
19 20				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30 31				
31				
32				
33				
34				
34 35			·	
36				
37				
38 39				
39				
40				

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					

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				
31				
32				
33				
34 35				
35				
36				
37				
38 39				
40				
Total f	or Section 4 (Total to be trar	sterred to Section 4	l 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					
39					
40					
Total					
Total	for Section 5 (Total to b	e transferred to Section 5 of S	ummary Page)		

6. Cash Assets Do you have entries for Section 6: Restricted **Ending** Location Type of Asset Depository Balance Account 1 Institution Name: Account Number: Street Address: State: Zip: City: Name of joint owner: Street Address: State: Zip: City: 2 Institution Name: Account Number: Street Address: State: Zip: City: Name of joint owner: Street Address: State: Zip: City: 3 Institution Name: Account Number: Street Address: State: Zip: City: Name of joint owner: Street Address: State: Zip: City: 4 Institution Name: Account Number: Street Address: State: Zip: City: Name of joint owner: Street Address: State: Zip: City: 5 Institution Name: Account Number: Street Address: Zip: City: State: Name of joint owner: Street Address: State: Zip: City: 6 Institution Name: Account Number: Street Address: Zip: City: State: Name of joint owner: Street Address: Zip: State: City: 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%.

#	Descri	ption and A		Full Value	How Titled	Ward's %	Ward's Value
1	Description of Prope	rty:					
Str	eet Address:						
Cit	/:	State:	Zip:				
Na	me of joint owner:						
	eet Address:						
Cit	<i>/</i> :	State:	Zip:				
	cumbrance 1:						
Na	me of Entity:						
Ac	count Number:						
Str	eet Address:						
Cit	/ :	State:	Zip:				
Na	me of joint obligor:						
Str	eet Address:						
Cit	/ :	State:	Zip:				
En	cumbrance 2:						
Na	me of Entity:						
	count Number:						
Str	eet Address:						
Cit	/ :	State:	Zip:				
Na	me of joint obligor:						
Str	eet Address:						
Cit		State:	Zip:				
2	Description of Prope	rty:					
Str	eet Address:						
Cit	/ :	State:	Zip:				
	me of joint owner:						
Str	eet Address:						
Cit		State:	Zip:				
_	cumbrance 1:						
	me of Entity:						
	count Number:						
	eet Address:						
Cit		State:	Zip:				
	me of joint obligor:						
	eet Address:						
Cit		State:	Zip:				
	cumbrance 2:						
	me of Entity:						
_	count Number:						
_	eet Address:						
Cit		State:	Zip:				
	me of joint obligor:						
	eet Address:						
Cit	/:	State:	Zip:				

3	Description of Prope	rty:			
Stı	eet Address:				
Cit		State:	Zip:		
Na	me of joint owner:				
Stı	eet Address:				
Cit	y:	State:	Zip:		
En	cumbrance 1:				
	me of Entity:				
	count Number:				
	eet Address:				
Cit		State:	Zip:		
	me of joint obligor:				
	eet Address:				
Cit		State:	Zip:		
	cumbrance 2:				
	me of Entity:				
	count Number:				
	reet Address:	T	T		
Cit		State:	Zip:		
	me of joint obligor:				
	eet Address:	T	T		
Cit		State:	Zip:		
	Description of Prope	rty:			
	eet Address:	T	T		
Cit		State:	Zip:		
	me of joint owner:				
	eet Address:	Γ -	T		
Cit		State:	Zip:		
	cumbrance 1:				
	me of Entity:				
	count Number:				
	eet Address:	T a	Τ		
Cit		State:	Zip:		
	me of joint obligor:				
	eet Address:	01.1	T =:		
Cit		State:	Zip:		
	cumbrance 2:				
	me of Entity:				
	count Number:				
	reet Address:	Ctoto	7in.		
Cit	me of joint obligor:	State:	Zip:		
	reet Address:	State:	7in:		
Cit 5	Description of Prope		Zip:		
	eet Address:	ıty.			
Cit		State:	Zip:		
Nia	me of joint owner:	Jiaic.	Δ Ι μ .		
	reet Address:				
		State:	7in:		
Cit	.y.	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 Prope	rty:				
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 V	alue to be inc	luded in Section 7	of Summary Pag	je)	

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:					70	1 0.1.0.0
Account Number:			1			
Number of Shares:			1			
Street Address:			1			
City:	State:	Zip:	1			
Name of joint owner:			1			
Street Address:			1			
City:	State:	Zip:	1			
2 Issuer Name:						
Account Number:			1			
Number of Shares:			1			
Street Address:			1			
	State:	Zip:	1			
Name of joint owner:			1			
Street Address:			1			
City:	State:	Zip:	1			
3 Issuer Name:						
Account Number:			1			
Number of Shares:			1			
Street Address:						
City:	State:	Zip:	1			
Name of joint owner:			1			
Street Address:			1			
City:	State:	Zip:	1			
4 Issuer Name:						
Account Number:			1			
Number of Shares:			1			
Street Address:			1			
	State:	Zip:	1			
Name of joint owner:			1			
Street Address:			1			
	State:	Zip:	1			
5 Issuer Name:						
Account Number:			1			
Number of Shares:			1			
Street Address:			1			
	State:	Zip:	1			
Name of joint owner:		<u> </u>	1			
Street Address:			1			
	State:	Zip:	1			
Total for Section 8 (Total to be			ry Page)	ı		
Total for occiton o (Total to be	transferred to t	Journal of Julillia	. , . uge,			

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 Descri		Type of	Inventory		Ward's	Ward's
		Asset	Value	Titled	%	Value
1 General Description:						
Street Address:	T					
City: State	Zip:					
Name of joint owner:						
Street Address:	Γ —.					
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:	<u> </u>					
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		on 9 of Summary	Page)	1		I.
		5 5 5. 5aa.y	· ~g~/			

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, a	and	Type of Liability	Current Amount Due	** How Titled	Ward's %	Ward's Share of Amount Due
1 Creditor Name:		Liability	Amount Due	Titlea	70	of Amount Due
Account Number:						
Description of Security, if any						
Address:	ТУ					
City:	State:	Zip:				
Name of joint obligor:	State.	Διμ.				
Address:						
City:	State:	Zip:				
2 Creditor Name:	State.	Διμ.				
Account Number:		<u> </u>				
	21/					
Description of Security, if an Address:	ıy					
	State:	7in:				
City: Name of joint obligor:	State.	Zip:	_			
Address:	Ctata	7:0.				
City:	State:	Zip:				
3 Creditor Name:		<u> </u>				
Account Number:						
Description of Security, if an	ıy					
Address:	04-4	7:				
City:	State:	Zip:				
	Name of joint obligor:					
Address:	01-1	7:				
City:	State:	Zip:				
4 Creditor Name:		<u> </u>				
Account Number:						
Description of Security, if an	าy					
Address:	01.1					
City:	State:	Zip:				
Name of joint obligor:						
Address:	01.1					
City:	State:	Zip:				
5 Creditor Name:						
Account Number:						
Description of Security, if any						
Address:		T =:				
City:	State:	Zip:				
Name of joint obligor:						
Address:						
City:	State:	Zip:				
Total for Section 10 (Total	to be tran	sferred 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. Value on Description of Property, Name of Purchaser, Name of Real Date of Inventory/ # **Sales Price Estate Agent, and Address of Property Court Order** Last Accounting Purchaser Name: Name of Real Estate Agent: Description of Property: Property Address: State: City: Zip: Purchaser Name: 2 Name of Real Estate Agent: Description of Property: Property Address: Citv: State: Zip: Purchaser Name: Name of Real Estate Agent: Description of Property: Property Address: State: Zip: City: Purchaser Name: Name of Real Estate Agent: Description of Property: Property Address: City: State: Zip: Purchaser Name: Name of Real Estate Agent: Description of Property: Property Address: City: State: Zip: Purchaser Name: Name of Real Estate Agent: Description of Property: Property Address: State: City: Zip: Purchaser Name: Name of Real Estate Agent: Description of Property: Property Address: City: State: Zip: Purchaser Name: Name of Real Estate Agent: Description of Property: Property Address: City: State: Zip: 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. Value on Date of Inventory/ # Description of Property, Name of Purchaser and Address Sales Price **Court Order** Last Accounting Property Description: 1 Purchaser Name: Property Address: State: Zip: City: Property Description: Purchaser Name: Property Address: State: Zip: City: Property Description: Purchaser Name: Property Address: Zip: City: State: Property Description: Purchaser Name: Property Address: City: State: Zip: **Property Description:** Purchaser Name: Property Address: City: State: Zip: **Property Description:** Purchaser Name: Property Address: City: State: Zip: Property Description: 7 Purchaser Name: Property Address: Zip: State: City: Property Description: Purchaser Name: Property Address: State: Zip: City: Property Description: Purchaser Name: Property Address: City: State: Zip: Property Description: Purchaser Name: Property Address: City: State: Zip: Property Description: 11 Purchaser Name: Property Address:

Zip:

State:

City:

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 Truste	ee, Account, a	nd Addresses	Ward's Interest	Estimated Date (Trust was created)	Amount of Trust
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:			
Name of Trustee:	Otato.				
Account #:					
Financial Institution is:					
-Select One-					
Trustee Street Address:					
City:	State:	Zip:			
Name of Trustee:	010.10.				
Account #:					
Financial Institution is:					
-Select One-					
Trustee Street Address:	•				
City:	State:	Zip:			
Name of Trustee:					
Account #:					
Financial Institution is:					
-Select One-					
Trustee Street Address:	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:		T	_		
City:	State:	Zip:			

			s/Life Insuran	ce/Disability/L	ong 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 Issu	er:				
Policy Number:	-				
Address:					
City:	State:	Zip:			
2 Name of Issu					
Policy Number:	-				
Address:					
City:	State:	Zip:			
3 Name of Issu					
Policy Number:					
Address:					
City:	State:	Zip:			
4 Name of Issu					
Policy Number:					
Address:					
City:	State:	Zip:			
5 Name of Issu		μ2.β.			
Policy Number:	01.				
Address:					
City:	State:	Zip:			
6 Name of Issu		Ζιρ.			
Policy Number:					
Address:					
City:	State:	Zip:			
7 Name of Issu		Ζιρ.			
	C I.				
Address:	Policy Number:				
City:	State:	Zip:			
8 Name of Issu		Ζιρ.			
Policy Number:	CI.				
Address:					
Citv:	State:	Zip:			
9 Name of Issu	- 10.10	Διμ.			
Policy Number:	GI.				
Address:					
City:	State:	Zip:			
10 Name of Iss		Διμ.			
Policy Number:	ouei.				
Address:					
City:	State:	Zip:			
		Διμ.			
11 Name of Issuer: Policy Number:					
Address:	Ctata	7in:			
City:	State:	Zip:			

2#:		
ard Name:		
Bank Account #	Transfer In Date	Transfer In Amount

11A Form No. GA 9802

Bank Account #	Transfer Out Date	Transfer Out Amount
Total Transfer Out Amounts		

11A Form No. GA 9802

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)

#	Туре	Source	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Total Am	lount of Remuneration	Received by Guardian	

CERTIFICATION AND SIGNATURE OF				
	GUARDIAN(S)			
will be made available for review as directe The surety bond as required by county The blanket surety bond for a profet The required audit fee is attached.	attached. attached. attached. attached. losing statement) is attached. pecial/bill of sale) is attached. SNT/Pooled/QIT only) is attached. iating papers are maintained as required by Chapter 744, Fla. Stat., and by the Clerk of Court Auditor or court order. art order has been posted. essional guardian has been posted. are that I have read and examined the foregoing accounting, and the			
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:

Attachment "E"

IN THE CIRCUIT COURT OF TH	IE IN AND FOR	COUNTY
	Case Numb	er: Format Must Be PRCYYNNNNNN Division:
	Amended Fo	orm? :
	If yes, version of the Amended Fo	orm? :
	Guardianship Ty	/pe?:
IN RE: THE GUARDIANSHIP OF	/ (WARD NAME)	
SIMPLIFIED A	ANNUAL ACCOUNTING	
FOR THE PERIOD OF 1	TIME TO	
Ward's Social Security Number:		
Property Guardianship Type:	_	
•	SUMMARY	
1. Beginning Balance from Prior Accounting Per	iod:	
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		nont)

	N AND SIGNATURE OF ARDIAN(S)				
Check all that apply) The ward was declared totally incapacitated. The ward is a minor.					
The year end statement from the account i	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 the facts alleged are true, to the best of my knowle	I have read and examined the foregoing accounting, and dge 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: