

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 :

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	<input type="text"/>
2. Income: Section 1	<input type="text"/>
3. Disbursements - No Orders: from Section 2	(<input type="text"/>)
4. Disbursements - Non Standing Orders: from Section 3	(<input type="text"/>)
5. Disbursements - Standing Orders: from Section 4	(<input type="text"/>)
6. Total Disbursements:	(<input type="text"/>)
7. Capital Adjustments: from Section 5	<input type="text"/>

8. Balance at Close of Accounting Period:

SUMMARY OF ASSETS AND LIABILITIES

9. Cash Assets: from Section 6	<input type="text"/>
10. Net Value of Real Property: from Section 7	<input type="text"/>
11. Intangible Assets: from Section 8	<input type="text"/>
12. Personal Property Assets: from Section 9	<input type="text"/>
13. Encumbrances and Liabilities: from Section 10	(<input type="text"/>)

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			
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21			
22			
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28			
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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					
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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:					
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:					
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:					

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:			
2	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
3	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
4	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
5	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
6	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
7	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
8	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
9	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
10	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			
11	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State:			

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: _____