

IN THE CIRCUIT COURT FOR  
PINELLAS COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: GUARDIANSHIP OF

\_\_\_\_\_  
(NAME OF WARD)

FILE NO.

ANNUAL FINANCIAL STATEMENT

COMES NOW, (NAME OF CO-GUARDIAN ADVOCATE and (NAME OF CO-GUARDIAN ADVOCATE, as Co-Guardian Advocates for the above named Ward and file this Affidavit and state as follows:

1. We are the appointed Co-Guardian Advocates by Order of this Court.
2. The Ward resides at \_\_\_\_\_.
3. The Ward's income is (provide source and amount):  
 Social Security Benefits of \$ \_\_\_\_\_ per \_\_\_\_\_.  
 Other: \_\_\_\_\_
4. Other than the above listed income, we receive NO payments (in cash, in goods or any services) for work or care done on the Ward's behalf.
5. We affirm all the Ward's monthly income is used for the care and maintenance of the Ward.
6. We received payments and all requests for reimbursement or fees or costs were submitted to the court for review and approval. If not submitted to the court, list the goods or services received on the ward's behalf: \_\_\_\_\_
7. Since the guardianship was established or the last plan, the following was executed by or on behalf of the Ward: **(Check All that Apply):**  
 NONE  
 Do Not Resuscitate ("DNR")  
 Living Will/Anatomical Gift  
 Health Care Surrogate Designation  
 Power of Attorney  
 Other Advance Directive: \_\_\_\_\_

*(Attach a copy of the document to this form)*

Under penalty of perjury, we declare that we have read the foregoing and the facts alleged are true to the best of our knowledge and belief.

Signed on \_\_\_\_\_, 2023.

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NAME, Co-Guardian Advocate  
Address  
Phone Number  
Email Address

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NAME, Co-Guardian Advocate  
Address  
Phone Number  
Email Address