

IN THE CIRCUIT COURT FOR
PINELLAS COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIANSHIP OF

File No. _____

SIMPLIFIED ANNUAL PLAN

The undersigned, as the Co-Guardian Advocates of the above-named Ward, report to the Court as follows:

1. The name and address of all places the Ward has resided during the preceding year: _____

2. Why is this the best placement for the Ward? _____

3. List all professional medical/mental health treatment the Ward has received during the past year (*did the Ward see a doctor, dentist, or mental health professional, if so, when?*): _____

4. What is/are the Ward's current condition(s) which cause(s) him/her to continue to need a Guardian Advocate? _____

5. What personal and social services were provided for the Ward in the past year (*i.e., programs attended, vacations, in-home activities, out-of-home activities, what does the Ward like to do for entertainment or in his/her free time?*)? _____

6. In the past year, how has the Ward interacted with others, including the Co-Guardian Advocates and family members (if the Ward is not able to interact, state why)? _____

7. Should any of the rights previously delegated to the Guardian Advocates be restored to the Ward at this time? If so, identify the specific right(s) (such as to consent to medical treatment, to determine residence, to manage property, etc.) and explain why. _____

8. Check all that apply:

- The Ward does NOT have a Do Not Resuscitate (DNR) directive.
- The Ward does NOT have a Health Care Surrogate Designation or Directive.
- The Ward does NOT have a Living Will or Anatomical Gift.
- The Ward does NOT have a Power of Attorney Designation or Directive.
- The Ward does have the following advanced directive: _____
(if not previously filed, attach directive to this form)

9. As the Co-Guardian Advocates, have you received any Payment, Goods and Services on behalf of the Ward? (Not including social security or other government benefit) If yes, please explain. _____

Under penalties 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.

NAME
Address
Telephone Number
Email Address
Co-Guardian Advocate

NAME
Address
Telephone Number
Email Address
Co-Guardian Advocate

NAME, ESQ.
Florida Bar Number _____
Address
CSZ
Telephone Number / Fax Number
Email Address
Secondary Email Address
Attorney for Co-Guardian Advocates