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)*

1. 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 NAME

Address Address

Telephone Number Telephone Number

Email Address Email Address

Co-Guardian Advocate Co-Guardian Advocate

NAME, ESQ.

Florida Bar Number \_\_\_\_\_\_\_\_ Address CSZ Telephone Number / Fax Number Email Address Secondary Email Address Attorney for Co-Guardian Advocates