

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PINELLAS COUNTY, FLORIDA  
PROBATE DIVISION**

**Case Number #:** \_\_\_\_\_

IN RE: The Guardianship of \_\_\_\_\_

**ANNUAL AFFIDAVIT**

COMES NOW, \_\_\_\_\_, as Guardian Advocate(s) or Guardian(s) for the above named Ward and files this Affidavit and states as follows:

1. I am/we are appointed Guardian Advocate(s) or Guardian(s) by Order of this Court.
2. The ward resides at \_\_\_\_\_  
\_\_\_\_\_
3. The income of the ward consists of: \_\_\_\_\_  
\_\_\_\_\_
4. I/we affirm all income received monthly on the ward are used for the care and maintenance of the ward.
5. I/We declare that I/we have received NO payment from any source for goods or services rendered to or on behalf of the ward. *Payment includes any monies or other benefit made directly or indirectly, overtly or covertly, in cash or in kind. For additional information, see Florida Statute 744.367(3)(a).*
6. All requests for reimbursement or fees, if any, have been submitted to the court for review and approval.
7.  There are **NO** pre-existing orders or advanced directives such as: a Not To Resuscitate (“DNR”), healthcare surrogate designation, living will, anatomical gift or durable power of attorney).

**OR**

- The following advanced directives were executed since the establishment of the guardianship or the Guardian obtained a copy of a Not to Resuscitate (“DNR”) form, healthcare surrogate designation, living will, anatomical gift or durable power of attorney or other advanced directive:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please describe above and attach a copy of the document to this form)*

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Guardian /Guardian Advocate Signature

\_\_\_\_\_  
Guardian /Guardian Advocate Printed name

\_\_\_\_\_  
Guardian/ Guardian Advocate Email Address

\_\_\_\_\_  
Guardian/ Guardian Advocate Phone Number

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by  
\_\_\_\_\_, who is personally known \_\_\_\_ or produced identification \_\_\_\_\_.

Type of identification \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public signature



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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Co-Guardian /Guardian Advocate Signature

\_\_\_\_\_  
Co-Guardian /Guardian Advocate Printed name

\_\_\_\_\_  
Co-Guardian Email Address

\_\_\_\_\_  
Co-Guardian Phone Number

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by  
\_\_\_\_\_, who is personally known \_\_\_\_ or produced identification \_\_\_\_\_.

Type of identification \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public signature

