

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

IN RE: The GUARDIANSHIP of _____

ADDENDUM TO INITIAL/ANNUAL PLAN

- Addendum to initial plan
- Addendum to annual plan for period ending _____

A. ADVANCED DIRECTIVES (INITIAL AND ANNUAL PLAN)

There are **NO** pre-existing orders Not To Resuscitate (a/k/a “DNR”) or any other advance directive and I have taken the following steps to verify there are none: **(check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Search of ward’s prior and current residence | <input type="checkbox"/> Requested documents from the ward’s medical providers |
| <input type="checkbox"/> Inventory of ward’s safe deposit box | <input type="checkbox"/> Requested documents from the ward’s attorney |
| <input type="checkbox"/> Interviewed family and friends | |

- The ward executed the following advanced directives:
 - Order Not to Resuscitate, F.S. 401.45(3) (a/k/a “DNR”)
 - Advanced Directive for Healthcare (including but not limited to: healthcare surrogate, living will or anatomical gift)
 - Durable Power of Attorney, F.S., Chapter 709
 - Other: _____

For ANY advanced directive listed above:

Title of the order or directive: _____

Date executed/signed: _____

Name of Person who signed: _____

Name of Designated Agent(s) or Surrogate(s): _____

Name of any Alternate Agent(s) or Surrogate(s): _____

Relationship of Agent(s) or Surrogate(s) to the Ward: _____

Contact information for any Agent(s) or Surrogate(s): _____

Has a Court suspended or revoked the Order/Directive: Yes No

Date of Order: _____ entered _____ (County/State)

Title of the order or directive: _____

Date executed/signed: _____

Name of Person who signed: _____

Name of Designated Agent(s) or Surrogate(s): _____

Name of any Alternate Agent(s) or Surrogate(s): _____

Relationship of Agent(s) or Surrogate(s) to the Ward: _____

Contact information for any Agent(s) or Surrogate(s): _____

Has a Court suspended or revoked the Order/Directive: Yes No

Date of Order: _____ entered _____ (County/State)

(You are not limited to spaces on this form. Attach additional sheets, as needed.)

Copies of any pre-existing orders or advanced directives were

Filed with the clerk of the court in the above caption Case Number.

Attached to this Addendum and the Addendum and document(s) described above will be filed with the Clerk of the Court.

B. REUMUNERATION (PAYMENT OR FEE TO GUARDIAN –ANNUAL PLAN ONLY)

Each guardian must declare any remuneration from any source for services rendered to or on behalf of the ward. Remuneration means any payment or other benefit made directly or indirectly, overtly or covertly, or in cash or in kind to the guardian. F.S. 744.367 (3)(a).

(You are not limited to spaces on this form. Attach additional sheets, as needed.)

I, _____ declare that I have received NO remuneration from any source for services rendered to or on behalf of the ward.

I declare that I have received the monies of \$_____ from _____ (name of person/company) for services rendered on behalf of the ward.

All requests for reimbursement or fees have been submitted to the court for review and approval.

CERTIFICATION AND SIGNATURE OF GUARDIAN(S)

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, and the facts alleged are true, to the best of my knowledge and belief.

Guardian's Signature

Co-Guardian's Signature

Guardian's Printed Name

Co-Guardian's Printed Name

Guardian's Email

Co-Guardian's Email

Date

Date