

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

Case No.: _____ - _____ -GD- _____

IN RE: THE INTEREST OF

A developmentally disabled person.

SIMPLIFIED ANNUAL PLAN

The undersigned, as the Guardian(s) Advocate of the above-named ward, report(s) 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-the 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 guardian(s) advocate and family members (if the ward is not able to interact, state why)?

7.) Should any of the rights previously delegated to the guardian(s) advocate 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.) Are there any Orders Not To Resuscitate executed under Florida Statute, sec 401.45(3) or any other advanced directives, as defined in Florida Statute, sec. 765.101?

9.) As the Guardian(s) /Guardian Advocate(s) have you received or accepted any payment or benefit made directly or indirectly, overtly or covertly, in cash or in-kind, from any source for your services rendered on behalf of the ward? If yes, please explain.

Date _____

Guardian Advocate/Co-Guardian Advocate Signature
Address _____

Phone Number _____

Email _____

I certify I have provided my attorney of record with a copy of this annual plan (if applicable)

Guardian Advocate/Co-Guardian Advocate Signature
Address _____

Phone Number _____

Email _____

I certify I have provided my attorney of record with a copy of this annual plan (if applicable)

DELIVERY:

The original copy of this Simplified Annual Plan must be filed with the Clerk of the Circuit Court:

Mailing address:

Pinellas County: 315 Court Street, Room 106, Clearwater, Florida, 33756
Pasco County: Paula S. O'Neil, Clerk & Comptroller, P.O. Box 338, New Port Richey, FL
34656-0338

ASSISTANCE:

Pinellas County: Clerk of the Court, phone (727) 464-3321 or email Probate@mypinellasclerk.org
Guardianship Division of the Circuit Court, phone (727) 582-7243 or email
Probateoffice@jud6.org
Pasco County: 727-847-8031 or visit <http://www.pascoclerk.com/public-gen-contact-info.asp>