**IN THE CIRCUIT COURT OF THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL CIRCUIT**

**IN AND FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, STATE OF FLORIDA**

**PROBATE, GUARDIANSHIP, TRUST AND MENTAL HEALTH DIVISION**

IN RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIDAVIT

BEFORE ME, the undersigned Notary Public, personally appeared      , who first being duly sworn, gave the following statements:

1. I have not submitted more than one bill for time spent simultaneously with more than one ward.
2. I have not billed my hourly rate for services to the ward by an individual other than myself or the activity log identifies any other individual who performed the duty per Fla. Admin. Code, R. 58M-2.001 (22).
3. All billings are clear and accurate and state: (a) the date and time spent on a task; (b) the duty performed; and (c) the expenses incurred.
4. I have managed the ward’s estate in a prudent manner, I employed my best business judgment in all transactions.
5. Other than the remuneration of fees and expenses provided by law, I affirm I have not, nor has anyone known to me, been promised or received any payment or other benefit made directly or indirectly, overtly or covertly, or in cash or in-kind and has not been promised or received a rebate, kickback, bonus or commission, split-fee arrangement in return for referrals, solicitation or transactions for past or future goods or services on behalf of the ward per Florida Statutes, sec. 744.446(2).

I understand that this document will be filed with the court. Under penalty of perjury, I declare that I have read it and the facts stated are true, to the best of my knowledge and belief.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian’s signature

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_ day of 20\_\_\_\_, by (name of person acknowledging.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal) Signature of Notary Public

Print, Type/Stamp Name of Notary

\_\_\_\_\_\_Personally known: OR

\_\_\_\_\_\_Produced Identification and Type of Identification Produced:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_