

**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: _____