

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PINELLAS/PASCO 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 (*provide full address and phone number*) \_\_\_\_\_

3. Ward's income is (*provide source and amount*): \_\_\_\_\_

4. **Check all that Apply:**

- I/We affirm all income received monthly for the ward is used for the care and maintenance of the ward.
- Other than the above listed income, I/we received NO payments (in cash, in goods or any services) for work or care done on behalf of the Ward.
- All requests for reimbursement or fees or costs, if any, have been submitted to the court for review and approval.
- Other income, good or services received on behalf of the Ward: \_\_\_\_\_

5. **Check all that Apply:**

- The Ward does NOT have a Do Not Resuscitate (DNR) directive.
- The Ward does NOT have a Healthcare Surrogate Designation or Directive.
- The Ward does NOT have a Living Will or Anatomical Gift.
- The Ward does NOT have a Power of Attorney Designation or Directive.

6. Since the guardianship was established or the last plan , the following was executed by or on behalf of the Ward: **(Check All that Apply):**

- NONE     Do Not to Resuscitate ("DNR")     Living Will/ Anatomical Gift
- Healthcare Surrogate Designation     Power of Attorney
- Other Advanced Directive \_\_\_\_\_

(*Attach a copy of the document with 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 \_\_\_\_\_.

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

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

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



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 \_\_\_\_\_.

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

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

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

