

**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 FINANCIAL STATEMENT

COMES NOW, _____, as Guardian Advocate(s) or Guardian(s) for the above named Ward and files this statement:

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*):

Social Security benefits of \$ _____ per _____

Other: _____

4. Other than the above listed income, I/We received NO payments (in cash, in goods or any services) for work or care done on the ward's behalf.

5. I/We affirm all the ward's monthly income is used for the care and maintenance of the ward.

6. I/We received payments and all requests for reimbursement or fees or costs were submitted to the court for review and approval. If not submitted to the court, list the goods or services received on the ward's behalf _____

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.

7. 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 _____, 20_____.

Guardian /Guardian Advocate Signature

Printed name

Email Address

Phone Number

Mailing Address

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 _____, 20_____.

Co-Guardian /Co-Guardian Advocate Signature

Printed name

Email Address

Phone Number

Mailing Address