

IN THE CIRCUIT COURT OF THE IN AND FOR COUNTY

Case Number:

**Format Must Be
PRCYNNNNNNN**

Division:

Amended Form? -Select One-

If yes, version of the Amended Form? : -Select One-

Guardianship Type? :-Select One-

IN RE: THE GUARDIANSHIP OF
/

SIMPLIFIED ANNUAL ACCOUNTING

FOR THE PERIOD OF TIME TO

Ward's Social Security Number:

Property Guardianship Type: -Select One-

SUMMARY

1. Beginning Balance from Prior Accounting Period:	<input type="text" value="0.00"/>
2. Interest Income:	<input type="text" value="0.00"/>
3. Settlement Proceeds:	<input type="text" value="0.00"/>
4. Total Income: (Add Lines 2 & 3)	<input type="text" value="0.00"/>
<hr/>	
5. Financial Institution Service Charges:	(<input type="text" value="-0.00"/>)
6. _____ (Court Order Category)	(<input type="text" value="-0.00"/>)
7. _____ (Court Order Category)	(<input type="text" value="-0.00"/>)
8. _____ (Court Order Category)	(<input type="text" value="-0.00"/>)
9. Total Disbursements: (Add Lines 5, 6, 7, & 8)	<input type="text" value="0.00"/>
<hr/>	
10. Balance at Close of Accounting Period: (Add lines 1& 4, subtract line 9)	<input type="text" value="0.00"/>

(Balance at Close of Accounting Period should agree with fiscal year-end statement)

**CERTIFICATION AND SIGNATURE OF
GUARDIAN(S)**

(Check all that apply)

- The ward was declared totally incapacitated.
- The ward is a minor.
- All assets are in a designated depository account.
- The year end statement from the account is attached.
- The guardian has custody and control of the property as reflected in the year end statement.

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing accounting, and the facts alleged are true, to the best of my knowledge and belief.

Date signed by Guardian _____

Guardian Signature

Guardian Name

Guardian Taxpayer Identification #

Guardian Telephone #

Guardian Mailing Address

Guardian City State, Zip

Guardian's Email Address: _____

-----**Co-Guardian**-----

Date signed by Co-Guardian _____

Co- Guardian Signature

Co-Guardian Name

Co-Guardian Taxpayer Identification #

Co-Guardian Telephone #

Co-Guardian Mailing Address

Co-Guardian City State, Zip

Co-Guardian's Email Address: _____

CERTIFICATION AND SIGNATURE OF PREPARER

I have prepared the Annual Accounting based upon the information provided by the guardian(s) with no independent verification of the information contained herein. I have not audited or reviewed the Annual Accounting or documents supporting the preparation of the Annual Accounting and, accordingly, do not express an opinion or any other form of assurance as to the accuracy of the information contained in the Annual Accounting.

Date signed by Preparer _____

Preparer Signature

Preparer Name

Preparer Taxpayer Identification #

Preparer Telephone #

Preparer Mailing Address

Preparer City, State, Zip

Preparer's Email Address: _____

**CERTIFICATION AND SIGNATURE OF
GUARDIAN'S ATTORNEY**

The undersigned hereby notifies the Court of the filing of the Annual Accounting of the guardian of the property. This Annual Accounting is the representation of the guardian. I have not audited the accompanying Annual Accounting. The undersigned attorney represents that he/she has examined the contents of this Annual Accounting and that it conforms to the requirements of the Florida Guardianship Law.

Date signed by Attorney _____

Attorney Signature

Attorney Name

Attorney Florida Bar Number

Attorney Telephone #

Attorney Mailing Address

Attorney City, State, Zip

Guardian's Attorney Email Address: _____