

**IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA,
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION**

IN RE: THE GUARDIANSHIP OF

CASE NO.: ____-CP-_____

(Name)

DIVISION: _____

Please circle/specify guardianship type: Plenary Minor Limited Voluntary (attach physician's statement if voluntary)

ACCOUNTING (GUARDIANSHIP REPORT) OF GUARDIAN OF PROPERTY

FROM: _____ **THROUGH:** _____

SUMMARY

	<u>Income</u>	<u>Totals</u>
<u>Starting Balance</u>		
Assets per Inventory or on Hand at Close of Last Accounting Period	\$	\$
 <u>Receipts</u>		
Schedule A:	\$	\$
 <u>Disbursements</u>		
Schedule B:	\$	\$
 <u>Capital Transactions and Adjustments</u>		
Schedule C: Net Gain or (Loss)	\$	\$
 <u>Assets on Hand at Close of Accounting Period</u>		
Schedule D: Cash and Other Assets	\$	\$

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IN RE: THE GUARDIANSHIP OF _____ CASE NO.: _____

FROM: _____ THROUGH: _____

SCHEDULE -A RECEIPTS

Date Amount	Bank Account Number	Type of Income Ex: Social Security,	Payor	Income
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TOTAL RECEIPTS _____ **\$**

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IN RE: THE GUARDIANSHIP OF _____ CASE NO.: _____

FROM: _____ THROUGH: _____

SCHEDULE -B DISBURSEMENTS

Date	Check Number	Date of Court Order (if required)	Payee	Brief Description of items	Amount
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TOTAL DISBURSEMENTS **\$**

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IN RE: THE GUARDIANSHIP OF _____ CASE NO.: _____

FROM: _____ THROUGH: _____

SCHEDULE -C CAPITAL TRANSACTIONS AND ADJUSTMENTS

Date	Brief Description of Transactions	Net Gain	Net Loss
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TOTAL NET GAINS AND LOSSES	\$	\$
TOTAL NET GAIN OR (LOSS)	\$	\$

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FROM: _____ THROUGH: _____

SCHEDULE -D ASSETS ON HAND AT CLOSE OF ACCOUNTING PERIOD

(Indicate where held and legal description, certificate numbers or other identification)

Current Value

ASSETS OTHER THAN CASH

OTHER ASSETS TOTAL

_____ \$

CASH ACCOUNTS (with, at least, last four digits of account number:

***Important Note:** Please attach a copy of the bank statement that shows the account balance as of the last day of the reporting period, for each account. In the alternative, a letter from the bank with a bank official's signature and business card attached, which states the asset amount as of the date Letters of Guardianship were signed, may be provided for each account.

CASH TOTAL

_____ \$

TOTAL ASSETS (must agree with the Total from the Summary Page)

\$ _____

**IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA,
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IN RE: THE GUARDIANSHIP OF _____ CASE NO.: _____

FROM: _____ THROUGH: _____

The undersigned guardian (the Guardian) certifies that the Guardian has obtained a receipt or cancelled check for all expenditures and disbursements made on behalf of the ward, which the guardian will preserve along with other substantiating papers for a three (3) year period after discharge of the guardian, and will upon request be made available for inspection as the Court may order.

Attached are copies of the annual or year-end statements of all the ward's cash accounts from each of the institutions where the cash is deposited.

Attached is the required fee for the auditing of this accounting (unless waived by court order).

AUDIT FEE MUST BE ATTACHED TO THIS REPORT:

If the remaining Estate value is:

\$25,000 or less	Fee \$20.00
More than \$25,000 to and including	Fee \$85.00
More than \$100,000 to and including \$500,000	Fee \$170.00
More than \$500,000	Fee \$250.00

PURSUANT TO F.S. §744.3678

Under penalties of perjury, I declare that I have read and examined the foregoing accounting and that, to the best of my knowledge and belief, it constitutes a full and correct account of the receipts and disbursements of all of the ward's property over which the Guardian has control, including a complete report of all cash and property transactions and of all receipts and disbursements by the Guardian from _____ through _____ and a statement of the ward's assets at the end of the accounting period. This accounting has _____ been reviewed with the ward to the extent possible.

Signed on _____, 20____.

Guardian

Print Name: _____

Address: _____

Phone Number: (____) ____ - ____

Email Address: _____

Attorney for Guardian

Print Name: _____

Florida Bar No. _____

Address: _____

Phone Number: (____) ____ - ____

Email Address: _____

REMEMBER CERTIFICATE OF SERVICE:

- *Ward, if a Limited Guardianship**
- *Ward, if a Voluntary Guardianship**
- *Interested Persons/Parties**