

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

IN RE: The Guardianship/Guardian Advocacy of

_____,
Ward/Developmentally Disabled Person.

Case No.: ____-CP-_____

Division: _____

_____ /

CERTIFICATE OF SERVICE

I/We, _____, do hereby CERTIFY that a true and correct
Guardian(s)/Guardian Advocate(s)
copy of the attached document(s), entitled _____,
Name of document, i.e., Annual Accounting, Annual Plan, etc.

has/have been furnished by _____ on this _____ day of
Manner of service; i.e., U.S. Mail, hand delivery, etc.

_____, 20____, to the following persons or agencies, at the address(es)
Month

specified:	_____	_____
	<i>Name</i>	_____

		<i>Address</i>
	_____	_____
	<i>Name</i>	_____

		<i>Address</i>

Guardian(s)/Guardian Advocate(s) (*Sign*)
Print Name: _____
Address: _____

Telephone No. (____) _____ - _____
Email: _____