



**Elder Justice Center
REVIEW OF:
INITIAL REPORT**

CASE NO.: _____ -CP- _____

GUARDIANSHIP/GUARDIAN ADVOCACY OF: _____

The Guardian(s)/Guardian Advocate(s) had a duty to file the following document(s):

- Initial Guardianship Plan of the person, pursuant to Florida Statute Sections 744.362 and 744.363 and pursuant to Florida Probate Rule 5.690; and/or
- Verified Inventory, pursuant to Florida Statute Sections 744.362 and 744.365 and pursuant to Florida Probate Rule 5.690; and/or
- Final Report of Emergency Temporary Guardian (person only), pursuant to Florida Statute Section 744.3031(8); and/or
- Receipt of Assets of Successor Guardian.

Information about Guardian(s):

Professional - (Guardian of Person and Property).

Type of Guardianship: Plenary

Date letters of guardianship/guardians advocacy issued: _____

(If guardian of person and property differ)

Date letters as to Person issued: N/A; Date letters as to Property issued: N/A

Reporting timeframes:

Date both Reports due: _____ ; Date both Reports filed: _____ ;

Report(s)/Response late: No; If a Response, it is a Response to: N/A

Period covered in Plan (when applicable): _____ - _____

If reports are due or are filed on different dates: Date due: N/A; Date filed: N/A

Report(s)/Response late: No; If a Response, it is a Response to: N/A

Contents of Report(s):

INITIAL GUARDIANSHIP REPORT AS TO PERSON (PLAN) - Includes "Yes" and "No" respectively for statutory compliance with F.S. §§744.362 and 744.363; 744.3031

N/A	Provision of medical, mental or personal care service	N/A	Ward's address
N/A	Residential setting best suited for Ward (place and kind)	N/A	Social and personal services provided for best interest of Ward
N/A	Physical and mental exams needed to determine Ward's needs, including names of providers and approximate dates for exams	N/A	Description of health, accident insurance, any government benefits, to which Ward may be entitled

N/A	Guardian's statement that plan does not restrict Ward's liberty more than reasonably necessary to protect Ward or others from serious physical injury, illness or disease	N/A	Guardian's attestation that he/she consulted with Ward and to the extent reasonable honored Ward's wishes
N/A	If Limited or Voluntary, was Report served on Ward	N/A	Report was served on court appointed attorney and/or successor guardian

INITIAL GUARDIANSHIP REPORT AS TO PROPERTY (INVENTORY) - Includes "Yes" and "No" respectively for statutory compliance with F.S. §§744.362 and 744.365; 744.341:

N/A	Identifies all property	N/A	Description of all sources of income
N/A	Location of real/personal property sufficiently identified	N/A	Copy/copies of statement(s) from institution(s) where cash assets located (reflecting balances as of date letters issued)
N/A	If Limited or Voluntary, was Report served on Ward	N/A	Report was served on court appointed attorney and/or successor guardian
		N/A	If Minor Ward is 14 or older, was Report served on Ward

Compliance with Administrative Order (S-2006-198, for filings before May 1, 2009, and S-2009-033, for filings after that date): N/A. *If "NO" or "PARTIAL" – the guardianship report(s) is/are missing the following required information:* N/A.

Comments/Discrepancies Noted: *None.*

Appropriate Relief/Requirements:

- That the above-described Initial Guardianship Report as to Person (**Plan**) is **APPROVED**.
- That the above-described Initial Guardianship Report as to Property (**Inventory**) is **APPROVED**.
- That the above-described Initial Guardianship Report as to Person (**Plan**) is **APPROVED**, despite its deficiency/deficiencies. The Guardian(s) shall remedy and/or avoid the noted deficiencies in future reports filed with the Court.
- That the above-described Initial Guardianship Report as to Property (**Inventory**) is **APPROVED**, despite its deficiency/deficiencies. The Guardian(s) shall remedy and/or avoid the noted deficiencies in future reports filed with the Court.
- That the above-described Initial Guardianship Report as to Person (**Plan**) is **DISAPPROVED**. Additional information and/or documentation and/or a written explanation, as specified hereinabove (See especially "Content of Report(s)" and "Reviewer's comments" sections above), is/are needed for the entry of an order approving said report.
- That the above-described Initial Guardianship Report as to Property (**Inventory**) is **DISAPPROVED**. Additional information and/or documentation and/or a written explanation, as specified hereinabove (See especially "Content of Report(s)" and "Comments/Discrepancies Noted" sections above), is/are needed for the entry of an order approving said report.
- That the Guardian(s) is **ORDERED TO FILE** the following: N/A.

●That this cause be **SET FOR HEARING** before General Magistrate Mary Lou Cuellar-Stilo, to address the issues specified herein (including the Clerk’s Report/Audit, when applicable).

●That accountings in this cause are waived until further order of this Court. *The subject only receives Social Security income and has no assets other than clothing and personal effects.* The guardian(s) shall immediately advise the Court in writing of any substantial increase in the income of the Ward or of the Ward’s receipt of or entitlement to any asset valued at or over \$500.00.

●That the guardian(s)/guardian advocate(s) shall not, absent further order of this Court, be required to account, in the accountings filed in this guardianship, for the Social Security income that the Minor Ward receives as the result of the death or disability of one or both of the Minor Ward’s parents. Said income shall be utilized by the guardian(s) for the care and support of the Minor Ward.

●That any pending guardian fee petitions will not be considered until the guardian(s) has/have substantially complied with this Court’s order on this/these Report(s).

●That N/A

●**THAT THE GUARDIAN SHALL COMPLY WITH THE COURT’S DIRECTIVES, NOTED HEREIN, BY FILING AN AMENDED REPORT, WHEN SPECIFIED, OR A WRITTEN RESPONSE, WHEN SPECIFIED, ALONG WITH ANY REQUESTED DOCUMENTATION, WITH THE CLERK OF THE CIRCUIT COURT WITHIN THIRTY (30) DAYS OF THE DATE OF THE ATTACHED ORDER.**

●**THAT WITH THE ATTACHED ORDER BEING ENTERED BASED ON THE COURT’S IN CAMERA REVIEW OF FILINGS, ANY OBJECTIONS OR REQUESTS FOR CLARIFICATION MUST BE SCHEDULED FOR HEARING WITH THE COURT PRIOR TO THE EXPIRATION OF THE TIME PERIOD PROVIDED IN THE PRECEDING PARAGRAPH. IF YOU BELIEVE YOU HAVE ALREADY FILED DOCUMENTS REQUIRED BY THIS ORDER, PLEASE CHECK WITH THE CLERK OF COURT TO CONFIRM RECEIPT. IF NO REVIEW IS SCHEDULED, A FAILURE TO COMPLY MAY RESULT IN THIS CAUSE BEING SET FOR JUDICIAL REVIEW AND/OR AN ORDER TO SHOW CAUSE WHY THE GUARDIAN SHOULD NOT BE HELD IN CONTEMPT OF COURT, FINED, REMOVED AS GUARDIAN OR OTHERWISE SANCTIONED AS PROVIDED BY LAW.**

Reviewer: Date: _____ , _____
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Copies to:
Attorney of Record
Guardian(s)

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

IN RE: Guardianship/Guardian Advocacy of

Case No.: _____ -CP- _____

_____ ,

Division: A

Incapacitated.

_____ /

ORDER ON INITIAL GUARDIANSHIP REPORT:
APPROVING INITIAL PLAN
DISAPPROVING INITIAL PLAN
DISAPPROVING INITIAL PLAN

*[*Despite deficiencies: Directing Guardian(s)/Guardian Advocate(s) not to repeat deficiencies in future reports.]*

THIS CAUSE coming before the Court upon the filing of a guardianship report or reports, or a response to an order on such report(s), and the Court having considered the same, along with the applicable Clerk's report/audit(s) and the attached Elder Justice Center's review form, hereby adopts the findings contained in the Elder Justice Center's review form, including all handwritten changes, additions, or corrections made by the undersigned, if any, which are marked with the undersigned's initials. Said findings are incorporated herein and made a part hereof by reference, as if fully set forth herein.

The Court, having the best interest of the Ward and the Ward's estate, when applicable, as its primary concern, **ORDERS AS FOLLOWS:**

1. The relief specified above and in the EJC Review form, as edited in handwriting when applicable, is hereby ordered by this Court.
2. The Guardian(s) or Guardian Advocate(s) shall proceed accordingly in this case and comply with the requirements proposed in the review form, if any.
3. If a guardianship report is being approved despite any deficiencies noted, then the Guardian(s)/ Guardian Advocate(s) is/are hereby ordered not to repeat said deficiency/deficiencies in future guardianship reports and to comply with any of the Court's specified directives (hereinabove) in regard to that/those deficiency/deficiencies, when applicable.
4. With any and all future guardianship reports and responses to orders on guardianship reports filed with the Court, the filing party shall also submit a sufficient number of addressed envelopes, with postage, for all conformed copies of the orders thereon to be distributed by the Court, including those required to be sent to Interested Parties, except for parties who have submitted the completed form required to participate in the Guardianship Division's Electronic Delivery Pilot Project.
5. This cause is **SET FOR HEARING** before _____ on _____, _____, 20____, at _____ a.m/p.m., in Courtroom/Hearing Room _____ of the Edgecomb Courthouse, located in downtown Tampa at 800 E. Twiggs Street, to address the issues specified in the EJC Review form (including the Clerk's Report/Audit, when applicable). When the hearing set in this paragraph is before a general magistrate, this order shall also serve as an order of referral to general magistrate, pursuant to Rule 5.697 of the Florida Probate Rules and Administrative Order S-2008-162, issued on December 3, 2008.

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact 813-272-7040, for proceedings held in court, and 813-272-6169, for any proceedings held out of court, no later

than seven (7) days prior to the scheduled hearing. If hearing impaired, telephone (TDD), Florida Relay Service at 1-800-955-8771, for in court and out of court proceedings.

DONE AND ORDERED in Chambers at Hillsborough County, Florida, this ____ day of January, 2009.

ADMINISTRATIVE JUDGE

Copies of this Order were distributed to the person or persons specified in the "Copies to:" section of the incorporated EJC Review form - to the specified postal address or in the manner specified therein.

SAMPLE