

**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 guardianship type: Plenary Minor Limited Voluntary (attach physician's statement if voluntary)

SIMPLIFIED ACCOUNTING (GUARDIANSHIP REPORT) OF GUARDIAN OF PROPERTY

FROM: _____ **THROUGH:** _____

_____, the guardian of the property of _____ (the ward), submits the following Simplified Accounting as the annual accounting of this guardian for the above-referenced period:

1. Pursuant to order of this Court, all assets of the Ward are in the following designated depositories under Sec. 69.031, Florida Statutes:

a.) _____
(Name of institution)
Account Number: _____ Balance at end of period \$ _____
(Must provide at least the last 4 digits)

b.) _____
(Name of institution)
Account Number: _____ Balance at end of period \$ _____
(Must provide at least the last 4 digits)

c.) _____
(Name of institution)
Account Number: _____ Balance at end of period \$ _____
(Must provide at least the last 4 digits)

CASH TOTAL \$

2. The original or certified copies of the end-of-period statement(s) of the Ward's account(s) from the financial institution(s) are attached to this accounting*.

***Important Note: Please attach a copy of the bank statement that covers/shows the account balance as of the last date of the reporting period covered by this Simplified Accounting, 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 that date, may be provided for each account.**

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3. The only transactions that have occurred in the account(s) are interest accrual, deposits pursuant to settlement, or financial institution service charges.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, this accounting is true and correct, and that I have custody and control of the Ward's property as set forth in the attached end-of-accounting-period statement(s). This accounting has/has not (circle applicable one) been reviewed with the ward to the extent possible.

Signed on _____, 20____.

Guardian
Print Name: _____
Address: _____

Phone Number: (____) ____ - ____
Email Address: _____

An attorney's signature is not required on a Simplified Accounting.

REMEMBER CERTIFICATE OF SERVICE:

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