

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

IN RE: THE GUARDIANSHIP OF

Case No.: _____

Division: _____

Incapacitated/Ward.

_____ /

SIMPLIFIED ANNUAL PLAN

The undersigned, as the Guardian(s) of the above-named Ward, report(s) to the court as follows:

1a.) The name and address of all places the ward has resided during the preceding year.

1b.) Why is this the best placement for the ward?

2.) List all professional medical/mental health treatment the ward has received during the past year (did the ward see a doctor, dentist, or mental health professional, if so when?):

3.) What is the ward's condition which causes him/her to continue to need a guardian?

4.) What personal and social services were provided for the ward in the past year (i.e., programs attended, vacations, in-home activities, out-of-the home activities, what does the ward like to do for entertainment or in his/her free time)?

5.) In the past year, how has the ward interacted with others, including the guardian and family members (if the ward is not able to interact, state why)?

6.) Should the ward have any rights restored at this time?

Date

Signature

Co-Guardian Name, Address & Phone Number

Signature

Co-Guardian Name, Address & Phone Number

DELIVERY:

The original copy of this Simplified Annual Plan must be filed with the Clerk of the Circuit Court.

Mailing Address: P.O. Box 3360, Tampa, FL 33601-3360
Physical Address: 800 E. Twiggs St., Tampa, FL 33602
(Edgecomb Courthouse – Downtown Tampa)