

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

**IN RE: THE GUARDIANSHIP OF**

**CASE NO.:** \_\_\_\_\_

\_\_\_\_\_  
(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	\$ _____	\$ _____





**IN RE: THE GUARDIANSHIP OF \_\_\_\_\_ CASE NO.: \_\_\_\_\_**

**FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_**

[illegible]

<b>TOTAL NET GAIN OR (LOSS)</b>	<b>\$</b>	<b>\$</b>
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GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION**

**IN RE: THE GUARDIANSHIP OF \_\_\_\_\_ CASE NO.: \_\_\_\_\_**

**FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_**

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**SCHEDULE –D            ASSETS ON HAND AT CLOSE OF ACCOUNTING PERIOD**

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

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**Current Value**

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**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)

\$ \_\_\_\_\_

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**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**

**REMUNERATION**

Pursuant to 744.367(3)(a) the annual guardianship report of the guardian of the property must include a declaration of all remuneration received by the guardian from any source for services rendered to, or on behalf of, the ward. As used in this paragraph, the term "remuneration" means any payment or other benefit made directly or indirectly, overtly or covertly, or in cash or in kind to the guardian. Please list this information, as required, here:

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:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email Address:** \_\_\_\_\_

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**REMEMBER CERTIFICATE OF SERVICE:**

**\*Ward, if a Limited Guardianship**

**\*Ward, if a Voluntary Guardianship**

**\*Interested Persons/Parties**