

**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.

4. 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, 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**