

**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 GUARDIAN ADVOCACY OF

Case No.: ____-CP-____

Division: _____

A Developmentally Disabled Person/Ward.

_____ /

SIMPLIFIED ANNUAL PLAN

The undersigned, as the Guardian(s) Advocate 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/are the ward's current condition(s) which cause(s) him/her to continue to need a guardian advocate?

