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?

		Signature
	e residence, to ma	anage property, etc.] and explain why.
		delegated to the guardian(s) advocate be restore the specific right(s) [such as to consent to media
ocate and family n	nembers (if the wa	ard is not able to interact, state why)?
In the past year, he	ow has the ward i	nteracted with others, including the guardian(s)

I certify I have provided my attorney of record with a copy of this annual plan (if applicable)

DELIVERY:

The original copy of this Simplified Annual Plan must be filed with the Clerk of the Circuit Court, Probate and Guardianship Division.

Mailing Address: P.O. Box 3360, Tampa, FL 33601-3360 Physical Address: 800 E. Twiggs St., Tampa, FL 33602

(Edgecomb Courthouse – Downtown Tampa)

ASSISTANCE:

Staff from the 13th Judicial Circuit's ELDER JUSTICE CENTER is available to answer questions about this form. They cannot, however, provide legal advice. The Elder Justice Center is located at 800 E. Twiggs St., Rm. 481, Tampa, FL 33602 (Edgecomb Courthouse – Downtown Tampa) and staff can be reached by calling (813)276-2726.