

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

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

**A Developmentally Disabled Person/Ward.**

\_\_\_\_\_ /

**SIMPLIFIED ANNUAL PLAN**

The undersigned, as the Guardians Advocate of the above-named ward, report 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?

\_\_\_\_\_  
\_\_\_\_\_

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(s) advocate and family members (if the ward is not able to interact, state why)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.) Should any of the rights previously delegated to the guardian(s) advocate be restored to the ward at this time? If so, identify the specific right(s) [such as to consent to medical treatment, to determine residence, to manage property, etc.] and explain why.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Guardian Advocate  
Signature, Address & Phone Number  
Email Address: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Guardian Advocate  
Signature, Address & Phone Number  
Email Address: \_\_\_\_\_

\_\_\_\_\_  
(Initial) 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 13<sup>th</sup> Judicial Circuit’s ELDER JUSTICE CENTER is available to answer questions about this form. They can not, 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.