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

PROBATE, GUARDIANSHIP AND MENTAL HEALTH DIVISION
IN RE: THE GUARDIAN ADVOCACY OF

| | Case No.: |
|---------------|--|
| | Division:evelopmentally Disabled Person/Ward. |
| | SIMPLIFIED ANNUAL PLAN |
| T court as | The undersigned, as the Guardians Advocate of the above-named ward, report to the follows: |
| 1 | a.) The name and address of all places the ward has resided during the preceding year. |
| 1 | b.) Why is this the best placement for the ward? |
| | .) List all professional medical/mental health treatment the ward has received during the ast year (did the ward see a doctor, dentist, or mental health professional, if so when?): |
| | .) What is/are the ward's current condition(s) which cause(s) him/her to continue to eed a guardian advocate? |
| p | .) What personal and social services were provided for the ward in the past year (i.e., rograms attended, vacations, in-home activities, out-of-the home activities, what does not ward like to do for entertainment or in his/her free time)? |
| | |

| | | is not able to interact, state why) | |
|------------------------------|---------------------------------------|--|-------------|
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| 6.) Should any o | the rights previously del | egated to the guardian(s) advoca | te be rest |
| to the ward at this | time? If so, identify the | specific right(s) [such as to cons | ent to me |
| treatment, to dete | mine residence, to mana | ge property, etc.] and explain wh | ıy. |
| - | | | |
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| | | | |
| Date | Signa | ture | _ |
| | | | _ |
| | | | _ |
| | | lian Advocate | |
| | | ture, Address & Phone Number Address: | |
| Date | <u></u> | | |
| 2 4.0 | Signa | ture | |
| | | | |
| | | | |
| | | lian Advocate ture, Address & Phone Number | |
| | | Address: | _ |
| Legify Lhave prov | ided my attorney of record | with a copy of this annual plan (if a | nnlicable) |
| _recruity I have prov | ded my attorney of record | with a copy of this aimidal plan (if a | ррпсаотс |
| ERY: | | | |
| inal copy of this Simplified | nnual Plan must be filed with the Cle | rk of the Circuit Court, Probate and Guardianshi | p Division. |
| Mailing Address: | P.O. Box 3360, Tampa, FL 33 | 601 2260 | |

ASSISTANCE:

Staff from the 13th 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.