

**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 GUARDIANSHIP OF**

**Case No.:** \_\_\_\_\_

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

**Incapacitated/Ward.**

\_\_\_\_\_/

**SIMPLIFIED ANNUAL PLAN**

The undersigned, as the Guardian(s) 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 the ward's condition which causes him/her to continue to need a guardian?

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

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

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6.) Should the ward have any rights restored at this time?

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Date

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Signature

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Co-Guardian Name, Address & Phone Number

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Signature

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Co-Guardian Name, Address & Phone Number

**DELIVERY:**

The original copy of this Simplified Annual Plan must be filed with the Clerk of the Circuit Court.

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|-------------------|--|
| Mailing Address:  | P.O. Box 3360, Tampa, FL 33601-3360    |
| Physical Address: | 800 E. Twiggs St., Tampa, FL 33602     |
|                   | (Edgecomb Courthouse – Downtown Tampa) |