

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA
PROBATE DIVISION**

REF #: _____ --GD--Section _____

IN RE: The Guardianship of _____

ANNUAL AFFIDAVIT
As required by FS 393.12 (10)

COMES NOW, _____, as Guardian (Advocate) for
_____, a developmentally disabled person, and files this Affidavit
and states as follows:

1. I/we am/are appointed Guardian Advocate(s) of the developmentally disabled person named above, by Order of this Court.
2. The developmentally disabled person resides at _____

3. The income of the developmentally disabled person consists of: _____

4. All of proceeds received monthly on behalf of the developmentally disabled person are used for the care and maintenance of the developmentally disabled person.

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

DATED this _____ day of _____, 20_____.

Guardian Advocate Signature

Guardian Email Address

Sworn to and subscribed before me this _____ day of _____, 20_____ by
_____, who is personally known ____ or produced identification _____.

Notary Public signature

Type of identification _____.

My commission expires: _____

This space reserved for Notary stamp:

