

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

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

IN RE: THE INTEREST OF

\_\_\_\_\_  
A developmentally disabled person.

**SIMPLIFIED ANNUAL PLAN**

**The undersigned, as the Guardian(s) Advocate(s) of the above-named ward, report(s) to the court as follows:**

1.) The name and address of all places the ward has resided during the preceding year.

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

2.) Why is this the best placement for the ward?

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

3.) 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?):

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

4.) What is/are the ward's current condition(s) which cause(s) him/her to continue to need a guardian advocate?

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

5.) 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)?

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

6.) 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)?

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7.) 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.

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8.) **Check all that Apply:**

- ☐ The Ward does NOT have a Do Not Resuscitate (DNR) directive.
- ☐ The Ward does NOT have a Healthcare Surrogate Designation or Directive.
- ☐ The Ward does NOT have a Living Will or Anatomical Gift.
- ☐ The Ward does NOT have a Power of Attorney Designation or Directive.
- ☐ The Ward does have the following advanced directive: \_\_\_\_\_  
(if not previously filed, attach directive to this form)

9.) As the Guardian(s) have you received any **Payment, Goods and Services** on behalf of the ward? (Not including social security or other government benefit) If yes, please explain.

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Date \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
**Guardian Advocate Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Co-Guardian Advocate Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email**

**DELIVERY:**

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

Mailing address: Pinellas County, 315 Court Street, Room 106, Clearwater, Florida, 33756

Pasco County, Nikki Alvarez Sowles, Esq., Clerk & Comptroller, P.O. Box 338, New Port Richey, FL 34656-0338

**ASSISTANCE:**

Pinellas County: Clerk of the Court, phone (727) 464-3321 or email [Probate@mypinellasclerk.gov](mailto:Probate@mypinellasclerk.gov)  
Guardianship Division of the Circuit Court, phone (727) 582-7243 or email  
[Probateoffice@jud6.org](mailto:Probateoffice@jud6.org)

Pasco County: 727-847-8031 or visit <http://www.pascoclerk.com/public-gen-contact-info.asp>