

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PINELLAS COUNTY, FLORIDA PROBATE DIVISION  
Case Number # \_\_\_\_\_**

**IN RE: The GUARDIANSHIP of \_\_\_\_\_**

**ADDENDUM TO INITIAL/ANNUAL PLAN**

- Addendum to initial plan
- Addendum to annual plan for period ending \_\_\_\_\_

**A. ADVANCE DIRECTIVES (INITIAL AND ANNUAL PLAN)**

There are **NO** pre-existing orders Not To Resuscitate (a/k/a “DNR”) or any other advance directive and I have taken the following steps to verify there are none: **(check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Search of ward’s prior and current residence | <input type="checkbox"/> Requested documents from the ward’s medical providers |
| <input type="checkbox"/> Inventory of ward’s safe deposit box         | <input type="checkbox"/> Requested documents from the ward’s attorney          |
| <input type="checkbox"/> Interviewed family and friends               |  |

The ward executed the following advance directives:

- Order Not to Resuscitate, F.S. 401.45(3) ( a/k/a “DNR”)
- Advance Directive for Healthcare (including but not limited to: healthcare surrogate, living will or anatomical gift)
- Durable Power of Attorney, F.S., Chapter 709
- Other: \_\_\_\_\_

For ANY advanced directive listed above:

Title of the order or directive: \_\_\_\_\_  
Date executed/signed: \_\_\_\_\_  
Name of Person who signed: \_\_\_\_\_  
Name of Designated Agent(s) or Surrogate(s): \_\_\_\_\_  
Name of any Alternate Agent(s) or Surrogate(s): \_\_\_\_\_  
Relationship of Agent(s) or Surrogate(s) to the Ward: \_\_\_\_\_  
Contact information for any Agent(s) or Surrogate(s): \_\_\_\_\_

Has a Court suspended or revoked the Order/Directive:  Yes  No  
Date of Order: \_\_\_\_\_ entered \_\_\_\_\_ (County/State)

\*\*\*\*\*  
Title of the order or directive: \_\_\_\_\_  
Date executed/signed: \_\_\_\_\_  
Name of Person who signed: \_\_\_\_\_

Name of Designated Agent(s) or Surrogate(s): \_\_\_\_\_  
Name of any Alternate Agent(s) or Surrogate(s): \_\_\_\_\_  
Relationship of Agent(s) or Surrogate(s) to the Ward: \_\_\_\_\_  
Contact information for any Agent(s) or Surrogate(s): \_\_\_\_\_

Has a Court suspended or revoked the Order/Directive:  Yes  No  
Date of Order: \_\_\_\_\_ entered \_\_\_\_\_ (County/State)

**(You are not limited to spaces on this form. Attach additional sheets, as needed.)**

- Copies of any pre-existing orders or advance directives were  
 Filed with the clerk of the court in the above caption Case Number.  
 Attached to this Addendum and the Addendum and document(s) described above will be filed with the Clerk of the Court.

**B. REMUNERATION (PAYMENT OR FEE TO GUARDIAN –ANNUAL PLAN ONLY)**

*Each guardian must declare any remuneration from any source for services rendered to or on behalf of the ward. Remuneration means any payment or other benefit made directly or indirectly, overtly or covertly, or in cash or in kind to the guardian. F.S. 744.367 (3)(a).*

**(You are not limited to spaces on this form. Attach additional sheets, as needed.)**

- I, \_\_\_\_\_ declare that I have received NO remuneration from any source for services rendered to or on behalf of the ward.
- I declare that I have received the monies of \$\_\_\_\_\_ from \_\_\_\_\_ (name of person/company) for services rendered on behalf of the ward.
- All requests for reimbursement or fees have been submitted to the court for review and approval.

**CERTIFICATION AND SIGNATURE OF GUARDIAN(S)**

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing plan, and the facts alleged are true, to the best of my knowledge and belief.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Co-Guardian's Signature

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Co-Guardian's Printed Name

\_\_\_\_\_  
Guardian's Email

\_\_\_\_\_  
Co-Guardian's Email

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date