

**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)?

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.

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.

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.org
 Guardianship Division of the Circuit Court, phone (727) 582-7243 or email Probateoffice@jud6.org

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