

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

Case No.: \_\_\_\_\_ - \_\_\_\_\_ -GD- \_\_\_\_\_

IN RE: THE INTEREST OF

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

**SIMPLIFIED ANNUAL PLAN**

**The undersigned, as the Guardian(s) Advocate 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.) Are there any Orders Not To Resuscitate executed under Florida Statute, sec 401.45(3) or any other advanced directives, as defined in Florida Statute, sec. 765.101?

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

9.) As the Guardian(s) /Guardian Advocate(s) have you received or accepted any payment or benefit made directly or indirectly, overtly or covertly, in cash or in-kind, from any source for your services rendered on behalf of the ward? If yes, please explain.

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

**Date** \_\_\_\_\_

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

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

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

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

**I certify I have provided my attorney of record with a copy of this annual plan (if applicable)**

**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: Paula S. O'Neil, 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](mailto:Probate@mypinellasclerk.org)

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>