

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
PASCO COUNTY FLORIDA  
PROBATE DIVISION

IN RE: Guardianship of

\_\_\_\_\_  
Developmentally Disabled

Case: \_\_\_\_\_  
Section: \_\_\_\_\_

**SIMPLIFIED ANNUAL PLAN**

The undersigned, as Guardian of \_\_\_\_\_, reports to the Court as follows:

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

_____	_____
_____	_____
_____	_____
_____	_____

2) Any professional medical treatment the ward has received during the past year:

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

3) A statement by guardian as to visits, etc.

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

4) Should the ward have any rights restored at this time?

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

Dated: \_\_\_\_\_

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

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