

**IN THE CIRCUIT COURT FOR THE 14<sup>TH</sup> CIRCUIT, STATE OF FLORIDA  
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION**

IN RE: THE GUARDIANSHIP OF \_\_\_\_\_ CASE NO.: \_\_\_\_\_ -GA

*Circle guardianship type:* Plenary    Limited    Minor                      *Amended:* Yes    or    No

GUARDIAN OF PROPERTY ACCOUNTING FROM: \_\_\_\_\_ 20\_\_\_\_ THRU \_\_\_\_\_ 20\_\_\_\_

Reference: F.S.744.3678, and Rule 5.346 & 5.696

**SUMMARY OF ANNUAL ACCOUNTING** rvd 9/11

	<u>Income/Principal</u>	<u>Totals</u>
<b><u>Starting Balance</u></b>		
Assets per Inventory or on Hand at Close of Last Accounting Period	\$ _____	\$ _____
 <b><u>Receipts</u></b>		
Schedule A Total:	\$ _____	\$ _____
 <b><u>Disbursements</u></b>		
Schedule B Total:	\$ _____	\$ _____
 <b><u>Capital Transactions and Adjustments</u></b>		
Schedule C Total:    Net Gain or (Loss)	\$ _____	\$ _____
 <b><u>Assets on Hand at Close of Accounting Period</u></b>		
Schedule D Total:    Cash and Other Assets	\$ _____	\$ _____

Entries on Summary are to be taken from totals on Schedules A, B, C, and D. Every transaction occurring during the accounting period should be reflected on either Schedule A, B, C or D.

All purchases and sales, all adjustments to the inventory or carrying value of any asset, and any other changes in the assets should be described on Schedule C.

The Schedule "D" Total on the Summary must agree with the total inventory or adjusted carrying value of all assets on hand at the close of the accounting period on Schedule "D".

**IN THE CIRCUIT COURT FOR THE 14<sup>TH</sup> CIRCUIT, STATE OF FLORIDA**

IN RE: THE GUARDIANSHIP OF \_\_\_\_\_ CASE NO.: \_\_\_\_\_

FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_

**SCHEDULE -A RECEIPTS DURING THIS ACCOUNTING PERIOD**

Date	Bank Account #	Type of Income Ex: Social Security,	Payor	Income Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL RECEIPTS** **\$** \_\_\_\_\_

Schedule "A" should reflect only those items received during the accounting period that ARE NOT shown on the initial inventory.





**IN THE CIRCUIT COURT FOR THE 14<sup>TH</sup> JUDICIAL CIRCUIT, STATE OF FLORIDA**

IN RE: THE GUARDIANSHIP OF \_\_\_\_\_ CASE NO.: \_\_\_\_\_

FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_

**SCHEDULE -D ASSETS ON HAND AT CLOSE OF ACCOUNTING PERIOD**

<b>ASSETS OTHER THAN CASH</b>	<b>Carrying Value/Acquisition Value</b>	<b>Carrying Value</b>
-------------------------------	---	-----------------------


<b>OTHER ASSETS TOTAL</b>	<b>\$ _____</b>
---------------------------	-----------------

**CASH ACCOUNTS** (last four digits of account number)


<b>CASH TOTAL</b>	<b>\$ _____</b>
-------------------	-----------------

<b>TOTAL ASSETS</b> (must agree with the Total from the Summary Page)	<b>\$ _____</b>
---	-----------------

Schedule "D" should be a complete list of all assets on hand reflecting inventory values, adjusted in accordance with any appropriate entries on Schedule "C".

\*Important Note: Please attach a copy of the bank statement that shows the account balance as of the date the Letters of Guardianship were signed, for each account. In the alternative, a letter from the bank with a bank official's signature and business card attached, which states the asset amount as of the date Letters of Guardianship were signed, may be provided for each account.

**IN THE CIRCUIT COURT FOR THE 14<sup>TH</sup> JUDICIAL CIRCUIT, STATE OF FLORIDA**

**IN RE: THE GUARDIANSHIP OF \_\_\_\_\_ CASE NO.: \_\_\_\_\_**

The undersigned guardian (the Guardian) certifies that the Guardian has obtained a receipt or cancelled check for all expenditures and disbursements made on behalf of the ward, which the guardian will preserve along with other substantiating papers for a three (3) year period after discharge of the guardian, and will upon request be made available for inspection as the Court may order.

Attached are copies of the annual or year-end statements of all the ward's cash accounts from each of the institutions where the cash is deposited.

Attached is the required fee for the auditing of this accounting (unless waived by court order).

AUDIT FEE MUST BE ATTACHED TO THIS REPORT: If the remaining Estate value is:		
\$25,000 or less	Fee \$20.00	
More than \$25,000 to and including	Fee \$85.00	
More than \$100,000 to and including \$500,000	Fee \$170.00	
More than \$500,000	Fee \$250.00	<b>PER F.S. 744.3678</b>

Under penalties of perjury, I declare that I have read and examined the foregoing accounting and that, to the best of my knowledge and belief, it constitutes a full and correct account of the receipts and disbursements of all of the ward's property over which the Guardian has control, including a complete report of all cash and property transactions and of all receipts and disbursements by the Guardian from \_\_\_\_\_ through \_\_\_\_\_ and a statement of the ward's assets at the end of the accounting period. This accounting \_\_\_has been \_\_\_has not been reviewed with the ward to the extent possible.

Signed on \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
**Guardian's Signature**  
**Print Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**Attorney for Guardian**  
**Print Name:** \_\_\_\_\_  
**Florida Bar No.** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**CERTIFICATE OF SERVICE**

**I certify that a copy of this Annual Accounting has been served on:**

- 1. Name \_\_\_\_\_ address \_\_\_\_\_
- 2. Name \_\_\_\_\_ address \_\_\_\_\_
- 3. Name \_\_\_\_\_ address \_\_\_\_\_

**This \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_\_**

\_\_\_\_\_  
*Signature*