

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: GUARDIANSHIP OF:

Case No.:

**CHECKLIST FOR AUDIT OF ANNUAL GUARDIANSHIP PLAN
INITIAL GUARDIANSHIP REPORT OF GUARDIAN OF PERSON
(Adult Ward)**

TO: Circuit Court Judge, Guardianship Division

Pursuant to Section 744.367.(3)(a), Florida Statutes YES NO N/A
Is a declaration of renumeration included?

Is there knowledge of a pre-existing order or YES NO N/A
Advanced directive? (§744.3675(1)(d))

If knowledge of any adv. directive, has a list YES NO N/A
Been provided?

If knowledge of adv. directives, have steps YES NO N/A
To locate been provided?

Pursuant to § 744.368(1) & (2), Florida Statutes, you are advised the undersigned has reviewed the annual guardianship report filed for the period of _____ to _____ in this cause to determine whether such report meets the requirements of the aforementioned section. The undersigned hereby reports the following findings:

(1) The annual plan contains the following information about the Ward, addressing as appropriate:

- a. The Ward's address YES NO N/A
- b. The Guardian's address telephone and email YES NO N/A
Address?
- c. The name and address of each place YES NO N/A
where the Ward resided in the past year.
- d. The length of stay at each place YES NO N/A
- e. Statement whether the current residential setting YES NO N/A
is best suited for the Ward's current needs?
- f. Plans for ensuring during the coming year that the YES NO N/A
Ward is in the best residential setting to meet his or
her needs?

- | | | |
|--|------------------------------|--|
| g. Information concerning medical/mental health conditions and treatment and rehabilitation needs of the Ward? | YES <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| h. Physician's report who examined the Ward no more than 90 days before the reporting period? | YES <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| i. Plan for providing medical, mental health and rehab services in the coming year? | YES <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| j. The social and personal services currently used by the Ward? | YES <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| k. The Ward's social skills, including a statement of how well the Ward communicates? | YES <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| l. Statement of guardian's remuneration? | YES <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| m. Service on the Ward? | YES <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |

Notes:

Dated: _____ 2026

CLERK OF THE CIRCUIT COURT

By: _____