

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
INITIAL GUARDIANSHIP PLAN**

TO: Circuit Court Judge, Guardianship Division

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

If knowledge of any adv. directive, has the advanced
directive been revoked, modified or suspended
by Court Order? YES NO N/A

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

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| a. List of medical, mental or personal services? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Social and personal services? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. The kind and place of residential setting? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. Application of health and accident insurance
and other private or government benefits the Ward
may be entitled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Physical and mental health examinations to determine
the ward's needs? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. An attestation that the guardian has consulted with
the Ward and, to the extent reasonable, has honored
the Ward's wishes consistent with the rights retained
by the ward under the plan. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

Notes:

Dated: _____ 2026

CLERK OF THE CIRCUIT COURT

By: _____