COVER PAGE

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
ST. JOHNS COUNTY, FLORIDA

THE GUARDIANSHIP OF:

Case No.:_____

_____

Division:_____

ANNUAL ACCOUNTING OF GUARDIAN

Start Date: _____ **End Date:** _____

Starting Balance →	$

PART A: MONEY IN (List each account number and total.)	
1.	$
2.	$
3.	$
4.	$
5.	$
TOTAL MONEY RECEIVED →	**$**

PART B: MONEY OUT (List each account number and total.)	
1.	$
2.	$
3.	$
4.	$
5.	$
TOTAL MONEY SPENT →	**$**

PART C: GAIN/LOSS (Total money gained/lost during accounting period.)	
TOTAL GAIN/LOSS →	**$**

PART D: ENDING BALANCE (Total balance at the end of accounting period.)	
ENDING BALANCE →	**$**

PART A: MONEY IN ACCOUNT NUMBER: _____		
DATE	**MONEY IN- DESCRIPTION**	**AMOUNT**
		$
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		$
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		$
TOTAL MONEY IN (For this bank account) →		**$**

PART A: MONEY IN ACCOUNT NUMBER: _____		
DATE	**MONEY IN- DESCRIPTION**	**AMOUNT**
		$
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		$
TOTAL MONEY IN (For this bank account) →		**$**

PART A: MONEY IN ACCOUNT NUMBER: _____		
DATE	**MONEY IN- DESCRIPTION**	**AMOUNT**
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		$
TOTAL MONEY IN (For this bank account) →		**$**

PART A: MONEY IN ACCOUNT NUMBER: _____		
DATE	**MONEY IN- DESCRIPTION**	**AMOUNT**
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		$
TOTAL MONEY IN (For this bank account) →		**$**

PART A: MONEY IN ACCOUNT NUMBER: _____		
DATE	**MONEY IN- DESCRIPTION**	**AMOUNT**
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		$
TOTAL MONEY IN (For this bank account) →		**$**

PART B-1: COURT ORDERED MONEY OUT (ATTORNEY'S FEES & COSTS; GUARDIAN FEES & COSTS, AND/OR OTHER COURT ORDERED DISBURSEMENTS)		
DATE	**DESCRIPTION & ACCOUNT NUMBER**	**AMOUNT**
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
TOTAL COURT ORDERED MONEY OUT →		**$**

PART B-2: COMPANION/GUARDIAN ASSISTANT FEES (MONEY OUT)		
DATE	**DESCRIPTION & ACCOUNT NUMBER**	**AMOUNT**
		$
		$
		$
		$
		$
		$
TOTAL COMPANION/GUARDIAN ASSISTANT FEES MONEY OUT →		**$**

PART B-3: MONEY OUT ACCOUNT NUMBER: _____		
DATE	**MONEY OUT- DESCRIPTION**	**AMOUNT**
		$
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		$
		$
TOTAL MONEY OUT (For this bank account) →		**$**

PART B-3: MONEY OUT
ACCOUNT NUMBER: _____

DATE	MONEY OUT- DESCRIPTION	AMOUNT
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		$
TOTAL MONEY OUT (For this bank account) →		**$**

PART B-3: MONEY OUT
ACCOUNT NUMBER: _____

DATE	MONEY OUT- DESCRIPTION	AMOUNT
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		$
TOTAL MONEY OUT (For this bank account) →		**$**

PART B-3: MONEY OUT ACCOUNT NUMBER: _____		
DATE	**MONEY OUT- DESCRIPTION**	**AMOUNT**
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TOTAL MONEY OUT (For this bank account) →		**$**

PART B-3: MONEY OUT ACCOUNT NUMBER: _____		
DATE	**MONEY OUT- DESCRIPTION**	**AMOUNT**
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		$
		$
TOTAL MONEY OUT (For this bank account) →		**$**
OVERALL TOTAL MONEY OUT →		**$**

PART C-1: MONEY TRANSFERS/SALE OF BELONGINGS			
DATE	**AMOUNT**	**FROM ACCOUNT NO.**	**TO ACCOUNT NO.**
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		

PART C-2: NON-CASH GAINS & LOSES		
VALUABLE ITEM/ INVESTMENT	**GAIN**	**LOSS**
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
TOTAL GAINS/ TOTAL LOSSES →	**$**	**$**
OVERALL TOTAL GAIN OR LOSS AMOUNT →	**$**	

PART D: ENDING VALUE OF ASSETS

NON-CASH BELONGINGS	VALUE
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL VALUE OF NON-CASH BELONGINGS →	**$**

CASH & INVESTMENT ACCOUNTS	BALANCE
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL VALUE OF CASH & INVESTMENT ACCOUNTS →	**$**

TOTAL ENDING VALUE OF ASSETS →	**$**

TRUST INFORMATION		
Does the ward have one or more Trusts?	Yes	No
Was the Trust created after the Guardianship Inception Date?	Yes	No
If the answer to above is "No", we request that you voluntarily provide the trust information.		
Name of the Trust		
Name of the Trustee		
Trustee Account No.		
Date Trust created		
Type of Trust		
Ward's percentage interest in the Trust		
Amount of the Trust	**$**	

BOND CALCULATION		
Bond calculation consists of liquid assets: all cash, personal property or intangible assets. Only real property is not considered liquid.		
Cash assets in RESTRICTED depository		**$**
Other liquid assets- intangible assets RESTRICTED		**$**
Cash assets NOT in a restricted depository	**$**	
Other liquid assets- personal property assets	**$**	
Other liquid assets- intangible assets	**$**	
Total for BOND REQUIREMENT		**$**

BOND REQUIREMENT				
Guardianship bond amount should be the amount of all liquid assets less those in a restricted depository or frozen account.				
BOND AMOUNT				**$**
Bond Period	From:		To:	
Name of Bonding Company				

PLEASE ATTACH BANK STATEMENT(S) THAT SUPPORT THE ENDING BALANCE OF THE ACCOUNTING PERIOD FOR <u>EACH</u> ACCOUNT

An audit fee is required by FL. Stat. §744.3678(4) and must be included at the time the Annual Accounting is filed.

If the estate is less than $25,000.00 the audit fee due is $20.00; if greater than $25,000.00 but less than $100,000.00 the audit fee due is $85.00; if greater than $100,000.00 but less than $500,000.00 the audit fee is $170.00; and if greater than $500,000.00 the audit fee is $250.00.

The undersigned Guardian (or Co-Guardians) certifies that the Guardian(s) 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. (per FL. Stat. §744.3678(3).)

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 all the Ward's property of which the Guardian has control, and is a complete report of all cash and property through _____, and includes an account statement for each account on deposit or invested at a financial institution as of the close of the accounting period.

_____	_____
Attorney for Guardian	Guardian (Signature)
_____	_____
Florida Bar No.	Guardian (Print)
_____	_____
Address (Line 1)	Co-Guardian (Signature)
_____	_____
Address (Line 2)	Co-Guardian (Print)
_____	
City State Zip	
_____	
Telephone No.	