

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PINELLAS COUNTY, FLORIDA  
PROBATE DIVISION**

**REF #:** \_\_\_\_\_ -Error! Reference source not found.-**GD-Section** \_\_\_\_\_

IN RE: The Guardianship of \_\_\_\_\_

**ANNUAL AFFIDAVIT**  
As required by FS 393.12 (10)

COMES NOW, \_\_\_\_\_, as Guardian (Advocate) for  
\_\_\_\_\_, a developmentally disabled person, and files this Affidavit  
and states as follows:

1. I/we am/are appointed Guardian Advocate(s) of the developmentally disabled person named above, by Order of this Court.
2. The developmentally disabled person resides at \_\_\_\_\_  
\_\_\_\_\_
3. The income of the developmentally disabled person consists of: \_\_\_\_\_  
\_\_\_\_\_
4. All of proceeds received monthly on behalf of the developmentally disabled person are used for the care and maintenance of the developmentally disabled person.

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Guardian Advocate Signature

\_\_\_\_\_  
Guardian Email Address

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by  
\_\_\_\_\_, who is personally known \_\_\_\_ or produced identification \_\_\_\_\_.

\_\_\_\_\_  
Notary Public signature

Type of identification \_\_\_\_\_.

My commission expires: \_\_\_\_\_

This space reserved for Notary stamp:

