

**Catherine Farris-Carter, Chancellor**  
7<sup>th</sup> District Chancery Court  
Bolivar-Coahoma-Leflore-Quitman-Tallahatchie-Tunica County, Mississippi

**ANNUAL ACCOUNTING REPORT FORM**

FOR PERIOD: January 1, 20\_\_\_\_\_ through December 31, 20\_\_\_\_\_

STYLE OF CASE: \_\_\_\_\_

CAUSE NO.: \_\_\_\_\_

DATE	STORE/COMPANY	DESCRIPTION OF ITEMS BOUGHT	AMOUNT SPENT	RECEIPT ATTACHED
				___ YES ___ NO
				___ YES ___ NO
				___ YES ___ NO
				___ YES ___ NO
				___ YES ___ NO
				___ YES ___ NO
				___ YES ___ NO
				___ YES ___ NO
				___ YES ___ NO
				___ YES ___ NO
<b>TOTAL AMOUNT SPENT</b>			\$	

**AFFIDAVIT OF GUARDIAN**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that I am the court appointed guardian of \_\_\_\_\_ and that the foregoing is a true and correct copy of money spent for the period stated and as outlined hereinabove.

SO CERTIFIED, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF GUARDIAN

SWORN AND SUBSCRIBED before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

ATTORNEY'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_