

**IN THE COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR HERNANDO COUNTY, FLORIDA**

CASE NUMBER: _____

**IN RE: GUARDIANSHIP OF _____
WARD,**

**APPOINTMENT OF GUARDIAN (INCAPACITY)
CHECKLIST AND CERTIFICATION**

I, _____, as the attorney of record, have reviewed the applicable checklist(s) on the Clerk of the Circuit Court's website and filed the following pleadings with the Clerk of Court's docket, for which I have written the docket index number (DIN) next to each of the corresponding requirements below:

Qualification(s):

- ☐ Ward has been found incapacitated and the Order of Incapacity was entered on _____
- ☐ Petitioner is unaware of any less restrictive alternative to guardianship that would sufficiently address the needs of the Ward.

Petition for Appointment of Guardian:

- ☐ DIN: _____ Petition for Appointment of Guardian – Fla. Stat. §744.334; Fla. Prob. R. 5.560
- ☐ DIN: _____ Notarized Waiver and Consent of Ward's Next of Kin – Fla. Stat. §744.3371; Fla. Prob. R. 5.180; OR
- ☐ DIN: _____ Proof of Formal Notice to Ward's Next of Kin for whom a waiver and consent was not filed.

Depository:

- ☐ DIN: _____ Petition for Restricted Depository OR
- ☐ DIN: _____ Petition to Waive Restricted Depository for Social Security Benefits only OR
- ☐ DIN: _____ A depository is not required as only a Guardian of the Person is being appointed

Supporting Documents (ALL must be filed):

- ☐ DIN: _____ Guardianship Application
- ☐ DIN: _____ Submission of fingerprints via Livescan– Fla. Stat. §744.3135
- ☐ DIN: _____ Copy of credit history check – Fla. Stat. §744.3135;
- ☐ DIN: _____ Oath of Guardian and Designation and Acceptance of Resident Agent – Fla. Stat. §744.347; Fla. Prob. R. 5.110 and 5.600
- ☐ DIN: _____ Affidavit of Kin
- ☐ DIN: _____ Notice of Related Cases

Proposed Order(s) or Letter(s) submitted via Circuit5.org:

- Order Appointing Guardian: ☐ of the Person and Property ☐ Limited ☐ Of the Property or Person only
- Letters of Guardianship: ☐ of the Person and Property ☐ Limited ☐ Of the Property or Person only
- ☐ Order Designating Depository for Assets
- ☐ Order Waiving Depository Requirements for Social Security Benefits

I HEREBY CERTIFY that I have complied with the above checklist and filed the required pleadings and supporting documentation in accordance with applicable Florida Statutes, Florida Probate Rules, local rules, administrative orders, and administrative memoranda. I understand that submission of this checklist is considered an official statement subject to Fla. Stat. §837.06.

Dated: _____

Attorney Signature: _____
Printed Name: _____
Bar Number: _____
Email Address(es): _____