

**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 OF THE MINOR
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:

Original Document(s):

☐ DIN: _____ Original certified copy of Ward's birth certificate has been deposited with the Clerk of Courts

Petition for Appointment of Guardian:

- ☐ DIN: _____ Petition for Appointment of Guardian - Fla. Sta. §744.334; Fla. Prob. R. 5.555(c)
- ☐ DIN: _____ Notarized Waiver and Consent to Appointment of Guardian by any natural parent who did not sign the petition OR Proof of Formal Notice, death, or unavailability – Fla. Stat. §744.3371(2); Fla. Prob. R. 5.180

Depository:

- ☐ DIN: _____ Petition for Restricted Depository OR
- ☐ DIN: _____ Petition to Waive Restricted Depository for Social Security Benefits only OR
- ☐ DIN: _____ A Restricted 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 <u>and</u> Property | ☐ Limited | ☐ Of the Property or Person only |
| Letters of Guardianship: | ☐ of the Person <u>and</u> 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): _____