

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

CASE NUMBER: _____

**IN RE: ESTATE OF _____
DECEASED,**

**ATTORNEY FEES - ESTATE
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:

Petition for Attorney Fees:

- ☐ DIN: _____ Petition to Pay Attorney's Fee – Fla. Prob. R. 5.355; Fla. Stat. §733.6171
- ☐ DIN: _____ Notarized Waivers and Consents to petition by all *interested persons OR Proof of Formal Notice – Fla. Prob. R. 5.355; Fla. Stat. §731.201(23); Fla. Stat. §733.6175 (*Includes all beneficiaries whose interest would be affected)

Supporting Document(s):

- ☐ DIN: _____ Detailed timesheets which include a summary of (hourly) fees and costs with separation of attorney and paralegal fees
- OR**
- ☐ DIN: _____ Executed retainer agreement (flat fee agreements)

Required Filing(s):

- ☐ DIN: _____ Order Appointing Personal Representative and Letters of Administration have been entered.
- ☐ DIN: _____ Inventory – Fla. Stat. §733.604; Fla. Prob. R. 5.340
- ☐ DIN: _____ Acceptance and Receipt of Depository OR ☐ Depository not required as a bond was tendered
- ☐ DIN: _____ Closing Statement for any real property that has been sold ☐ No real property has been sold within the Estate
- ☐ DIN: _____ Proof of Service of Notice of Administration - Fla. Prob. R. 5.240

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

- ☐ Order Paying Attorney Fees

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): _____