IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA PROBATE DIVISION IN RE: GUARDIANSHIP OF _____ Respondent. Case no.: _____ Section: _____	**CC-107**

Checklist and Certification – Appointment of Guardian Advocate

I, _____, as the petitioner, have reviewed the applicable checklist(s) on the 11th Judicial Circuit Court's website, and filed the following pleadings to the Clerk of Court's docket, for which I have written the docket entry number next to each of the corresponding requirements below:

Qualification:

☐ The Ward has been diagnosed with a developmental disability which manifested before the age of 18.

Petition for Appointment of Guardian Advocate:

_____ ☐ Petition for Appointment of Guardian –§393.12(3) Fla. Stat.; Fla. Prob. R. 5.649
_____ ☐ Copy of Initial Attending Physician's Report (Form GA-05 or equivalent).
_____ ☐ Proof of Service of Notice of Petition to the Respondent - §393.12(4) Fla. Stat.
_____ ☐ Waiver and Consent or Proof of Notice to Ward's Next of Kin –§393.12(4) Fla. Stat.; Fla. Prob. R. 5.180.

Depository:

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

Supporting Documents:

_____ ☐ Guardianship Application (11th Judicial Circuit Form) –§744.3125 Fla. Stat.; Fla. Prob. R. 5.590
_____ ☐ Submission of fingerprints via Livescan and FDLE Report is filed to the docket –§744.3135 Fla. Stat.
_____ ☐ Copy of credit history check –§744.3135 Fla. Stat. (for GA of Property only)
_____ ☐ Oath of Guardian Advocate and Designation of Resident Agent - §744.347 Fla. Stat.; Fla. Prob. R. 5.110 and 5.600
_____ ☐ Affidavit of Kin (Form G-08)
_____ ☐ Notice of Related Cases (smart form) – Amended Administrative Order 14-09

Proposed Orders submitted to courtMAP:

☐ Order Designating Depository for Assets (G-05) (for GA of Property only).
☐ Order Waiving Depository Requirement for Social Security Benefits (A-10) (if applicable).

I HEREBY CERTIFY that I have complied with the above checklist and filed the required pleadings and supporting documentation on the date indicated above 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 § 837.06, Fla. Stat., under which any false or misleading statement is punishable as a 2nd degree misdemeanor.

Dated: _____

_____
Petitioner's Signature
Printed Name: _____
Email Address(es): _____