

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,
IN AND FOR MIAMI-DADE COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIANSHIP OF _____,

Case No.: _____

Section: _____

CC103

Checklist and Certification – Disbursements

I, _____, as the attorney of record, 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:

Petition for Disbursement:

- _____ Petition for Disbursement - Fla. Stat. §744.447; Fla. Prob. R. 5.630
_____ Petition indicates how the disbursement is necessary and in the best interests of the Ward.
_____ Waivers and Consents to petition(s) by all Guardian(s) of Ward. – Fla. Prob. R. 5.180

Supporting Documents:

- _____ Invoice or documents in support of requested disbursement

Required Filings:

- _____ Order Appointing Guardian has been previously entered.
_____ Letters of Guardianship have been previously entered
_____ Inventory – Fla. Stat. §744.365, Fla. Prob. R. 5.620
_____ Notice of Completion of Guardianship Education Requirements – Fla. Stat. §744.3145; Fla. Prob. R. 5.625
_____ Annual Accounting for prior year OR Memorandum to Clerk of Clerk (only SSI) for prior year
_____ Annual Plan for current year OR Plan not required as only Guardian of the Property has been appointed

Clerk of Courts Letter from Auditor:

- There are no pending or unresolved 10 day letters from the Clerk of Courts Auditor.

Proposed Order submitted to courtMAP:

- Order for Disbursement

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 Fla. Stat. §837.06.

Dated: _____

Attorney's Signature

Printed Name: _____

Bar Number: _____

Email Address(es): _____