

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: \_\_\_\_\_

**CC104**

**Checklist and Certification – Attorney and Guardian Fees**

I, \_\_\_\_\_, as the attorney of record, have reviewed the applicable checklist(s) on the 11<sup>th</sup> 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 Fees and Expenses:

- \_\_\_\_\_  Petition to Pay Attorney's Fees and Expenses (Form Z5)  
\_\_\_\_\_  Petition to Pay Guardian (Form Z3)  
\_\_\_\_\_  Waivers and Consents to petition(s) by all Guardian(s) or by Ward who has reached age of majority

Supporting Documents:

- \_\_\_\_\_  Detailed timesheets which include summary of fees and costs.

Required Filings:

- \_\_\_\_\_  Order Appointing Guardian has been previously entered.  
\_\_\_\_\_  Letters of Guardianship have been previously entered  
\_\_\_\_\_  Inventory – Fla. Stat. §744.365; Fla. Prob. R. 5.340  
\_\_\_\_\_  Proof 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 Paying Attorney's Fees and Expenses (Form Z6)  
 Order Paying Guardian (Form Z4)

**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): \_\_\_\_\_