IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA PROBATE DIVISION IN RE: GUARDIANSHIP OF _____ Ward. Case No.: _____ Section: _____	**CC-104**

Checklist and Certification – Attorney and Guardian Fees

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 Fees and Expenses:

_____ ☐ Petition to Pay Attorney's Fees and Expenses (Form Z5)
_____ ☐ Petition to Pay Guardian (Form Z3)
_____ ☐ Notarized Waivers and Consents to petition(s) by all Guardian(s) or by Ward who has reached the age of majority.

Supporting Documents:

_____ ☐ Detailed timesheets which include summaries of fees and costs.

Required Filings:

_____ ☐ Order Appointing Guardian has been previously entered.
_____ ☐ Letters of Guardianship have been previously issued.
_____ ☐ 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 the prior year OR ☐ Memorandum to Clerk of Clerk (only SSI) for the prior year.
_____ ☐ Annual Plan for the 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 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):_____