Checklist for:

Guardianship – Petition for Approval of Settlement of Claim (incapacitated)

See, FS 744.387 (settlement of claims), FPR 5.636 (settlement of minors claims), FS768.23 (Protection of minors and incompetents), FS 768.25 (Court approval of settlements.), FS 744.391 (Actions by and against guardian or ward), FS 744.441 (Powers of guardian upon court approval), FS 744.446 (Conflicts of interest; prohibited activities; court approval), FS 744.447 (Petition for authorization to act), FPR 5.610 (Execution by guardian), FPR 5.630 (Petition for approval of acts), *Maugeri v. Plourde*, 396 So.2d 1215 (3d DCA 1981), only court having jurisdiction to approve settlement of a claim in a pending action is the court in which the action is pending.. **Admin Order 6.100**

**BRIEF DESCRIPTION**

Nature of claim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meds: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy limits: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Settlement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Fees: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unpaid meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorneys Fees/gdnshp: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment to others $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net to Ward: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Guardianship of: |
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| File #: |  | Date: |  |
| --- | --- | --- | --- |
| Attorney: |  |  |  |

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| Docket# | Item# | Date |  |
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|  |  |  | Doctors’ reports substantiating alleged prognosis |
|  |  |  | Incident reports / declaration sheets on insurance policies |
|  |  |  | Statement disclosing conflicts of interest of guardian |
|  |  |  | Description of cause of action of claim |
|  |  |  | Summary of terms of proposed settlement |
|  |  |  | Copies of agreements, releases, etc, to be executed for ward |
|  |  |  | Copy of attorney fee contract |
|  |  |  | Break down of attorney costs |
|  |  |  | Order provides specific distributions and relieving the guardian from any further responsibility in connection with this claim |
|  |  |  | Notice to guardians, next of kin, custodian & ward (if not fully incapacitated) |
|  |  |  | Assets are paid to depository or are otherwise protected |
|  |  |  | Is a bond required and if so, does it need to be increased? |
|  |  |  | Gross value of settlement $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Comments: |
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