Checklist for:

Petition for Determination of Incapacity

Statutory Requirements: F.S. 744.3201, 744.331, 744.607 and Fla. Prob. R. 5.550

| Guardianship of: |
| --- |
|

| File #: |  | Date: |  |
| --- | --- | --- | --- |
| Attorney: |  |  |  |

 |

| Docket# | Item# | Date |  |
| --- | --- | --- | --- |
|  |  | **PETITION:** | Petition Verified [744.3201(2)] |
|  |  |  | Petitioner: Name/Age/Relationship/ |
|  |  |  | Present Address of Petitioner [744.3201(2)(a)]: |
|  |  |  | Alleged Incapacitated Person (AIP) [744.3201(2)(b); 744.202(2) Age: \_\_\_\_\_\_ |
|  |  |  | County of Residence: |
|  |  |  | Present Address of AIP/are they in facility |
|  |  |  | Primary language of AIP [744.3201(2)(c)]. |
|  |  |  | Nature of incapacity, facts supporting belief, and names/addresses of persons with knowledge of such facts [744.3201(2)(d)] |
|  |  |  | Physician of AIP: Name/Address [744.3201(2)(e)]. |
|  |  |  | Is there a less restrictive alternative available, i.e. Power of Attorney, Living Will |
|  |  |  | Rights AIP is incapable of exercising [744.3201(2)(f); 744.3215(2)-(3)]. |
|  |  |  | Next of Kin of AIP [744.3201(2)(g)] (names, relationships, addresses, and DOB for minors: |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Is the AIP a Veteran? |
|  |  | **NOTICE:**  | Notice of petition and contents served on and read to AIP [744.331(1); 5.550(b)] |
|  |  |  | Proof of Service of Elisor |
|  |  |  | Notice of hearing & petition for incapacity & guardianship served on attorney for AIP & Next of Kin |
|  |  |  | Is AIP a minor over age of 14? |
|  |  | **OTHER:** | Copy of separate Petition for Appointment of Guardian filed [744.3201(3)] (separate case) |
|  |  |  | Elisor Appointed [744.331(2)(b)] |
|  |  |  | Each member of Examining committee filed a signed report, that includes: |
|  |  |  | 1. physical examination,
 |
|  |  |  | 1. mental health examination
 |
|  |  |  | 1. a functional assessment
 |
|  |  |  | 1. to the extent possible, a diagnosis, prognosis, and recommended course of treatment [744.331(3)(f)-(g)
 |
|  |  | **PROPOSED ORDERS:** | Order of Referral to Magistrate if required |
|  |  |  | Report and Recommendation of Magistrate if required |
|  |  |  | Recommended Order of Magistrate if required |
|  |  |  | Order (to be attached with Magistrate documents if required |
|  |  |  | Order Determining Incapacity [744.331(6)] |
|  |  |  | (proposed documents sent to Elisor prior to hearing?) |
|  |  | **HEARING:** | AIP present at hearing, or Elisor has waived AIP’s appearance in writing [744.331(5)(b)] |
|  |  |  | Each examining committee member’s report served on petitioner |
|  |  |  | and attorney for AIP within 3 days after report filed |
|  |  |  | and at least 5 days before hearing [744.331(3)(h)] |

|  |
| --- |
| Comments: |
|  |
|  |
|  |