

EMERGENCY TEMPORARY GUARDIANSHIP CHECKLIST

(To be completed by attorney)

(All orders provided to the court must show the persons to whom the order is copied; and self addressed stamped envelopes (with no return address) shall be provided for mailing)

NAME: _____ CASE NUMBER: _____

- | | | |
|---|-----------|----------|
| 1. PETITION FOR APPOINTMENT OF ETG
with notice to all interested persons | _____ YES | _____ NO |
| 2. APPLICATION FOR APPOINTMENT | _____ YES | _____ NO |
| 3. OATH, DESIGNATION OF RESIDENT AGENT, . . . | _____ YES | _____ NO |
| 4. ORDER APPOINTING ETG | _____ YES | _____ NO |
| 5. LETTERS OF ETG | _____ YES | _____ NO |
| Date Signed _____ | | |
| 6. PETITION FOR APPOINTMENT OF ATTORNEY
AND ELISOR FOR ALLEGED INCAPACITATED
PERSON | _____ YES | _____ NO |
| 7. ORDER APPOINTING ATTORNEY AND ELISOR | _____ YES | _____ NO |
| 8. PETITION TO APPOINT EXAMINING COMMITTEE | _____ YES | _____ NO |
| 9. ORDER APPOINTING EXAMINING COMMITTEE | _____ YES | _____ NO |
| 10. PETITION TO DETERMINE INCAPACITY | _____ YES | _____ NO |
| 11. ORDER DETERMINING INCAPACITY | _____ YES | _____ NO |
| 12. VERIFIED INVENTORY
(Due 60 days from date Letters of Guardianship signed) | _____ YES | _____ NO |
| 13. INITIAL PLAN
(Due 60 days from date Letters of Guardianship signed) | _____ YES | _____ NO |
| 14. ANNUAL ACCOUNTING (or ANNUAL RETURN) | _____ YES | _____ NO |

If Yes, Report Period _____, _____, _____, _____
(Same day as Annual Plan)*

15. ANNUAL PLAN _____ YES _____ NO

(Covers *fiscal year - First day of month following month Letters of Guardianship are signed to last day of month Letters of Guardianship were signed. Example: Letters of Guardianship signed March 2, 2007, reporting period covers April 1, 2007 - March 31, 2008. Deadline for filing 90 days after March 31, 2007, which is June 29, 2007)

If Yes, Report Period _____, _____, _____, _____

***THE ANNUAL ACCOUNTING MUST COVER THE PRECEDING CALENDAR YEAR OR APPLICABLE PORTION THEREOF AND MUST BE FILED WITHIN 90 DAYS AFTER THE LAST DAY OF THE ANNIVERSARY MONTH THE LETTERS OF GUARDIANSHIP WERE SIGNED.**

As Attorney for the Guardian, I CERTIFY this _____ day of _____, 20____, that I have personally reviewed the foregoing checklist and it is accurate.

Attorney for Guardian
Attorney's Mailing Address:

Telephone:

CLERK'S NOTES:

Revised 2/2/2012