

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND
FOR MIAMI-DADE COUNTY, FLORIDA PROBATE DIVISION**

IN RE: GUARDIANSHIP OF _____

ward.

Case Number: _____

Section: _____

Z-3

PETITION FOR ORDER PAYING GUARDIAN COMPENSATION AND EXPENSES

(From _____ to _____)

Petitioner _____, alleges:

1. Petitioner is the guardian of the ☐ person ☐ property ☐ person and property of the above-named Ward.
2. Petitioner has rendered services as guardian of the Ward and incurred expenses from _____ to _____, as more fully described and set forth in the itemized schedule of services and expenses attached here to as Exhibit A, for which the Petitioner has not been paid.
3. Based upon the criteria set forth in § 744.1082(2) Florida Statutes, Petitioner submits a reasonable fee for the Petitioner's services performed during said period of time is _____. Additionally, Petitioner has incurred costs and expenses in the amount of _____.
4. The total amount of all prior fees paid and costs awarded to Petitioner in this case are:

Fees: _____

Costs: _____

I hereby certify that Guardian has filed all annual requirements, there are no unresolved 10-day memorandums from the Clerk of Courts or Orders to Show Cause, and that the Guardian has completed and filed with the Court proof of completion of the guardian education requirements.

Wherefore, Petitioner requests that an order be entered awarding Petitioner reasonable and necessary compensation for the services rendered and expenses incurred by the Petitioner for the Ward's benefit, and authorizing and directing the Ward's Guardian of the Property to pay the Petitioner in the total amount of _____ from the Ward's assets.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signature of Petitioner

Date

Printed Name of Petitioner

Email address

Telephone number

Signature of Attorney for Petitioner

Date

Printed Name of Attorney for Petitioner

FL Bar#

Email address

Telephone number

I CERTIFY that a true copy of the foregoing has been served on:

Full Name

Street Address City State Zip

Email address

Telephone number

By: _____
Name of server

On: _____
Date of service