

GUARDIANSHIPS

Please ensure that all the following documents, appropriate for your case, are on file before you contact the court for a hearing date. **We cannot offer a hearing date until the Court Investigator’s Report is on file.**

Guardianship Hearing Checklist, Cause No. _____

Pursuant to TRCP 21, attorneys must electronically file everything they are **filing**, which includes **everything** on the checklist below that is applicable in this case.

	YES	NO	NOTES
APPLICATION COMPLETE (See checklist).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
PERSONAL SERVICE ON WARD	<input type="checkbox"/>	<input type="checkbox"/>	_____

APP ATTORNEY 4 HR. CERTIFIED

	YES	NO	N/A	NOTES
§ 1051.103 (waivers for uncontested docket)				
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
conservator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
non-applicant guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	YES	NO	N/A	NOTES
§ 1051.104 (notice)				
adult children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
adult sibling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
facility administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
agent / attorney-in-fact.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Verified Affidavit Confirming Notice and Service

PHYSICIAN’S CERTIFICATE OF MEDICAL EXAMINATION (PCME) (Applications must use the **September 2015** revision of the form or subsequent revisions.) OR DETERMINATION OF INTELLECTUAL DISABILITY REPORT (DID)

	YES	NO	N/A	NOTES
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	YES	NO	N/A	NOTES
AD LITEM ANSWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
AD LITEM REPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESIDENT AGENT FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
REGISTRATION INFO SUBMITTED.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CRIMINAL BACKGROUND CHECK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
GUARDIANSHIP TRAINING CERTIFICATE OF COMPLETION.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
COURT INVESTIGATOR REPORT FILED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I, _____ confirm that all required documents for the
 hearing in Cause No. _____, Guardianship of _____ are
 correct and have been e-filed and accepted by the Bexar County Probate Clerk's office.

Signed: _____ Date: _____