

## GUARDIANSHIP CHECKLIST

Guardianship of: ..... Respondent's SSN: ..... Proposed Fiduciary: ..... Address: ..... City/State/Zip: ..... Phone: .....	Probate No. ....
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**Establishment of Protective Proceeding**

Initial Appointment:

Intake questionnaire     
  Conflict check     
  Fee Agreement signed

Retainer (sufficient to pay filing fees, personal service and court visitor fee) received

Source of retainer: .....

**Petition for Guardianship**

Respondent: ..... Address: ..... City/State/Zip: ..... Phone: .....  Current Location: ..... Address: ..... City/State/Zip: ..... Phone: .....	DOB/Age: .....
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Interest of Petitioner:

.....

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Petitioner: ..... Relationship: ..... Address: ..... City/State/Zip: ..... Phone: .....	DOB/Age: .....
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Fiduciary: ..... Relationship: ..... Address: ..... City/State/Zip: ..... Phone: .....	DOB/Age: .....
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Is proposed fiduciary a certified professional (ORS 125.240(1)(a))?       Yes     No

Does proposed fiduciary have a pecuniary interest in Respondent's estate?       Yes     No

(If yes to either of the above, review ORS 125.240 and ORS 125.221(4), and make necessary disclosures.)

Is fiduciary (professional or not) to pay compensation to self or to a spouse, parent, or child of fiduciary? (If yes, review ORS 125.221(4).)       Yes     No

Required information/action:

Statement regarding less restrictive alternatives to the appointment of a fiduciary that have

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<p>been considered, and why the alternatives are inadequate</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is Respondent a person with developmental disabilities receiving developmental disability services under an individualized written service plan (IWSP)? If so, consider appointment of "health care advocate" as an alternative to guardianship pursuant to ORS 125.055 (2)(g)</li> <li><input type="checkbox"/> Statement that indicates whether Petitioner is petitioning for plenary authority or specified limited authority for the person nominated as fiduciary</li> <li><input type="checkbox"/> Statement regarding whether fiduciary has been convicted of a crime, filed for bankruptcy, had a professional or occupational license canceled or revoked, or is the parent or former guardian of Respondent, who has been the subject of proceedings under ORS Chapter 419B of the Juvenile Code (e.g. child abuse, removal of Respondent from the parent's or former guardian's home)</li> <li><input type="checkbox"/> Statement that fiduciary is willing to serve</li> <li><input type="checkbox"/> Name, address, and phone number of any existing fiduciary, trustee, health care representative, or Agent under Power of Attorney</li> <li><input type="checkbox"/> Name, address, and phone number of Respondent's treating physician, and any person providing care to Respondent</li> <li><input type="checkbox"/> Specific factual information supporting the request for appointment of a fiduciary</li> <li><input type="checkbox"/> Names, addresses, and phone numbers of persons who have information supporting a finding that Respondent is incapacitated</li> <li><input type="checkbox"/> Intent to change Respondent's abode or to place Respondent in mental health treatment facility, nursing home, or other residential facility</li> <li><input type="checkbox"/> General description of estate of Respondent, and source and amount of income</li> <li><input type="checkbox"/> Statement indicating whether nominated fiduciary is a public or private agency or organization providing services to the Respondent</li> </ul>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Will proposed guardian exercise any control over the estate of the Respondent? If yes, estimated value of estate. (Consider whether a bond is required.) If not, indicate how estate will be administered if no conservator.</li> <li><input type="checkbox"/> Indicate any intent to limit Respondent's communication, visitation or social interaction with third parties</li> <li><input type="checkbox"/> Spouse, parents and adult children of Respondent (names and addresses)</li> <li><input type="checkbox"/> Members of Respondent's household who are interested in the affairs or welfare of the Respondent (names and addresses)</li> <li><input type="checkbox"/> Room and board arrangement, if any, between fiduciary and Respondent</li> <li><input type="checkbox"/> Pecuniary interest, if any, of fiduciary</li> <li><input type="checkbox"/> For adult Respondent, a court visitor must be appointed – determine if your county appoints the court visitor or if you need to locate one (often from a list provided by the Probate Court). Also ask if Court creates the court visitor Order or if Petitioner must</li> <li><input type="checkbox"/> If Petitioner is not proposed fiduciary, Consent to Serve</li> <li><input type="checkbox"/> Check Supplementary Local Rules (Chapter 9)</li> </ul>		
Petition Filed: .....	Filing Fee Paid: .....	Court Visitor appointed: .....
Duplicate Submitted for Court Visitor: .....	Court Visitor Fee Paid: .	Letters of Guardianship Ordered: .....
<p>Create agent or rule in e-mail program to duplicate and forward copies of e-notices from attorney-of-record to appropriate staff. <span style="float: right;"><input type="checkbox"/> Done <input type="checkbox"/> N/A</span></p> <p>(Oregon's electronic case filing system only generates e-notices to the attorney-of-record. Staff</p>		

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email addresses or firm addresses (e.g. docketing@johndoelawfirm.com) are not included.)

### Notice and Order Requirements

Form of notice:

- Notice to Respondent must be in at least 14 point type
- Respondent's objection form must be printed on blue paper in at least 14 point type
- Review ORS 125.060 and ORS 125.070
- Change of abode or placement in mental health treatment facility, nursing home, or other residential facility. Review ORS 125.320(3)

Date of personal service on Respondent (if age 14 or older): .....

Date of personal service on parent (if Respondent is a minor): .....

Service to:

- Spouse, parents, and adult children of Respondent (if none, persons most closely related)
- Any person cohabiting with Respondent
- Fiduciary nominated by Respondent
- Fiduciary appointed by court
- Any attorney who is representing Respondent in any capacity
- Trustee
- Health care representative
- Agent under a Power of Attorney
- Notice required by court
- Department of Veterans Affairs, if applicable
- Department of Human Services, if Respondent is receiving public assistance under ORS Chapter 411 or 414 (Notice to DHS satisfies requirement to notice Oregon Health Authority.)
- Office of the Long-Term Care Ombudsman, if applicable
- Disability Rights Oregon, if applicable
- Foreign consulate if Respondent is a foreign national

If Respondent is a minor:

- Custodian for prior 60 days
- Nominated fiduciary under parent's will

For service requirements, review ORS chapter 125. See also Service of Process Checklist for Oregon Courts, available online at [www.osbplf.org](http://www.osbplf.org).

Last day for objections: .....  
 (By statute: Not less than 15 days after date of service, 21 days if subject to U.C.C.J.E.A.)  
 \*Add 3 days for mailing under the ORCP.

Tickled: .....

Objection Received?  
 Yes  No

Date proof of personal service to Respondent (and parent, if minor) filed: .....

Date proof of mailing/personal service to others filed: .....

Request for notice of further filings or motions received and noted (attach list including date filed): .....

Date Limited Judgment Appointing Temporary Guardian filed: .....

Letters of Temporary Guardianship:

Date received from court: ..... Date transmitted to fiduciary: .....

Expiration date: ..... Tickled date: ..... Extension applied for: .....

## GUARDIANSHIP CHECKLIST

Order appointing Visitor received: .....
Check issued, date mailed to Court Visitor (if applicable): .....
Court Visitor report (within 15 days of appointment) Date received: ..... (Review ORS 125.150(4)-(5) for sufficiency.) Date transmitted to fiduciary: .....
Non-professional fiduciary education class required? Check SLR <input type="checkbox"/> Yes <input type="checkbox"/> No If required, fiduciary class registration: ..... Fiduciary class attended: .....
Report of temporary guardian: (May include in annual report if permanent guardian is appointed.) Date filed: .....
Names and addresses of persons requesting notices: (Check in court file and with fiduciary.) Date filed: .....
Limited Judgment Appointing Permanent Guardian: Reminder tickled for: ..... Date filed: ..... Received from court: .....
Letters of Permanent Guardianship: (Copy of Limited Judgment attached.) Date received from court: ..... Date transmitted to Guardian: .....
Placement in a care facility or change in abode: Date of Notice of Intent: .....
Date informational letter sent to Guardian explaining duties and responsibilities (an in-person meeting or phone conference is recommended): .....
If attorney fees are to be paid from protected person's funds, per ORS 125.095 and ORS 125.098: Date motion and declaration filed: ..... Date notice mailed: ..... Date Limited Judgment/Order signed: ..... Date signed Fee Judgment/Order sent to Conservator/Agent/Trustee/client: ..... Date approved attorney fees paid: .....
ANNUAL REPORT DUE: ..... Reminder tickled for: .....
Petition for appointment of guardian for minor as an adult, effective on date of majority of minor. Can be filed within 90 days of minor reaching majority. ORS 125.055(6)
<b>Termination of Proceedings</b>
In the event of a motion for the termination of the protective proceedings, for removal of a fiduciary, for modification of the powers or authority of a fiduciary, for approval of a fiduciary's actions, or for protective orders in addition to those sought in the petition, notice must be given by the person making the motion to the persons described in ORS 125.060(3). Determine powers and duties of guardian upon death of the protected person at ORS 125.230.
Date notification received from client, or other triggering event: ..... Reason for termination: .....
Date Petition for Termination signed: ..... Date filed: .....
Date General Judgment Approving Termination filed: ..... Date received from court: ..... Date client notified of termination: .....
FILE CLOSED: ..... Final fee/costs paid: .....

NOTE: If multi-state protective proceeding, refer to ORS 125.800-125.852, Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

## **GUARDIANSHIP CHECKLIST**

### **IMPORTANT NOTICES**

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