

GUARDIANSHIP CHECKLIST

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

Initial Appointment: <input type="checkbox"/> Intake questionnaire <input type="checkbox"/> Conflict check <input type="checkbox"/> Fee Agreement signed <input type="checkbox"/> Visitor's fee obtained <input type="checkbox"/> Filing fees received <input type="checkbox"/> Source of retainer:
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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:

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))? <input type="checkbox"/> Yes <input type="checkbox"/> No Does proposed fiduciary have a pecuniary interest in Respondent's estate? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes to either of the above, review ORS 125.240 and ORS 125.221(4), and make necessary disclosures.)
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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).) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Required information/action:

- Statement regarding less restrictive alternatives to the appointment of a fiduciary that have been considered, and why the alternatives are inadequate
- Statement that indicates whether Petitioner is petitioning for plenary authority or specified limited authority for the person nominated as fiduciary
- 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)
- Statement that fiduciary is willing to serve
- Name, address, and phone number of existing fiduciary, trustee, health care representative, or Agent under Power of Attorney
- Name, address, and phone number of Respondent's treating physician, and any person providing care to Respondent
- Specific factual information supporting a finding of incapacitation
- Names, addresses, and phone numbers of persons who have information supporting a finding that Respondent is incapacitated
- Intent to change Respondent's placement, or to place Respondent in mental health treatment facility, nursing home, or other residential facility
- General description of estate of Respondent, and source and amount of income
- Statement indicating whether nominated fiduciary is a public or private agency or organization providing services

- Indicate whether guardian is to exercise any control over the estate. If yes, estimate of value of estate. (Consider including specific powers in order to waive bond.) If not, indicate how estate will be administered if no conservator.
- Members of Respondent's household
- Room and board arrangement, if any, between fiduciary and Respondent
- Dependents of the Respondent
- Pecuniary interest, if any, of fiduciary
- For an adult Respondent, a court visitor must be appointed

Petition Filed:	Fee Paid:	Duplicate Submitted for Court Visitor:
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Create agent or rule in e-mail program to duplicate and forward copies of e-notices from attorney-of-record to appropriate staff. Done N/A

(Some electronic case filing systems only generate e-notices to the attorney-of-record. Staff email addresses or firm addresses (e.g. docketing@johndoelawfirm.com) may not be permitted.)

Notice and Order Requirements

Form of notice: <input type="checkbox"/> Notice to Respondent must be in at least 14 point type <input type="checkbox"/> Respondent's objection form must be printed on blue paper in at least 14 point type <input type="checkbox"/> Review ORS 125.060 and ORS 125.070 <input type="checkbox"/> Placement in a care facility or change in placement. Review ORS 125.320		
Date of personal service on Respondent (if age 14 or older): Date of personal service on parent (if Respondent is a minor):		
Service to: <input type="checkbox"/> Spouse, parents, and adult children of Respondent (if none, persons most closely related) <input type="checkbox"/> Any person cohabiting with Respondent <input type="checkbox"/> Fiduciary nominated by Respondent <input type="checkbox"/> Fiduciary appointed by court <input type="checkbox"/> Any attorney who is representing the Respondent in any capacity <input type="checkbox"/> Trustee <input type="checkbox"/> Health care representative <input type="checkbox"/> Agent under a Power of Attorney <input type="checkbox"/> Notice required by court <input type="checkbox"/> Department of Veterans Affairs, if applicable <input type="checkbox"/> 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.) <input type="checkbox"/> Office of the Long-Term Care Ombudsman, if applicable <input type="checkbox"/> Disability Rights Oregon, if applicable <input type="checkbox"/> Foreign consulate if Respondent is a foreign national If Respondent is a minor: <input type="checkbox"/> Custodian for prior 60 days <input type="checkbox"/> Nominated fiduciary under parent's will For service requirements, review ORS chapter 125. See also Service of Process Checklist , available online at https://www.osbplf.org/ . (Select Practice Management, and then select Forms.)		
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:	Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date proof(s) 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:		
Order appointing Visitor received: Check issued, date mailed to Court Visitor:		

Court Visitor report (within 15 days of appointment) (Review ORS 125.150(4)-(5) for sufficiency.)	Date received:
	Date transmitted to fiduciary:
Consent to Serve, if petitioner is not the proposed fiduciary:	
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 placement: Date of Notice of Intent:	
Date informational letter sent to Guardian explaining duties and responsibilities:	
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 signed:	
ANNUAL REPORT DUE: Reminder tickled for:	
Petition for appointment of guardian for minor as an adult, effective on date of majority of minor. Due within 90 days of minor reaching majority. ORS 125.055(6)	

Termination of Proceedings

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 ORS125.800-125.852, Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

IMPORTANT NOTICES

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