

Probate Division Searchable Data Elements

Adult Protective Services Data Elements	Clerk Need	Court Need
Address of Attorney	y	y
Address of Person Served	y	y
Age of respondent	y	y
Agency responsible for obtaining services	y	y
Attorney Name	y	y
Attorney Signature Block	y	y
Attorney signed	n	n
Case Number	y	y
County	y	y
Date of notice	y	y
Date of prior Order on Emergency Protective Services	y	y
Date Ordered	y	y
Date Signed	n	n
Efforts made by DCF to obtain consent	n	y
Evidence that services are necessary	n	y
Facts supporting removal	n	y
Findings on Emergency Status	n	y
Individual Responsible for Obtaining or Consenting to Services	n	y
Judge Name	y	y
Judge Signature	n	n
Judicial Assignment	y	y
Legal Counsel Status	y	y
Name of Person Served	y	y
Person Served	y	y
Petitioner Name	y	y
Petitioner Signature	n	n
Respondent Address	y	y
Respondent Name	y	y
Services to be provided	n	y
Statement describing respondent's need of protective services	n	y
Statement of existence of abuse or neglect	n	y
Statement of respondent's capacity	n	y
Statement of services needed	n	y
Statement of services needed or delivered	n	y
Statement of services to be provided	n	y
Statement regarding capacity to consent	n	y
Type of Service	n	y

Yellow Highlight = Does not need to be searchable

Guardianship Data Elements	Clerk need	Court need
Account Number	y	y
Accounting Review with Ward	y	y
Acting as a member of a partnership	y	y
Additional interested person name	y	y
Additional reasons	n	n
Address of additional interested persons	y	y
Address at which report was served	?	y
Address of all persons known to the petitioner who have knowledge of such facts through personal observation	y	n
Address of alleged incapacitated persons attending or family physician, if known	n	n
Address of Interested Person	y	y
Address of Person Served	y	y
Address of Ward during previous year	y	y
Address where ward will reside in upcoming year	y	y
Admissions to Florida State Hospital or any other, public treatment facility on a voluntary basis under the provision of applicable state law	y	y
Adversary Proceeding No	y	y
Affiant Address	y	y
Affiant Name	y	y
Affiant Residence	y	y
Affiant Signature	n	n
Age of alleged incapacitated person	y	y
Age of Alleged incapacitated person/Ward	y	y
Age of incapacitated person	y	y
Age of non-resident ward	y	y
Age of petitioner	n	y
Age of Proposed Guardian	n	y
Age of ward	y	y
Agent Name	n	y
AIP/Ward Address	y	y
AIP/Ward attending or family physician	y	y
AIP/Ward Name	y	y
Alleged incapacity	y	y
Amount held in depository	y	y
Amount held in institution	y	y
Amount of any Florida Debt	y	y
Amount requested	y	y
Amount to be paid to each member by the State of Florida	y	y
Amount to be paid to the court appointed attorney	y	y
Appointed Guardian Name	y	y
Appraiser Address	n	y
Appraiser Name	y	n
Appraiser Occupation	n	y
Appraiser Signature	n	y

Guardianship Data Elements	Clerk need	Court need
Assessment of prior clinical history, treatment records, social records, and reports, if any	?	y
Assessment of information provided by attending or family physician, if any	n	y
Assets on Hand at close of accounting Period - Income	y	y
Assets on Hand at close of Accounting Period - Principal	y	y
Assets on Hand at close of Accounting Period - Totals	y	y
Attorney Address Block	y	y
Attorney Name	y	y
Attorney signature	n	n
Attorney signature block	y	y
Best residential setting	y	y
Birth Certificate	n	n
Bond Amount	y	y
Capable of being restored at this time?	y	y
Capital Transactions - Principal	y	y
Capital Transactions - Totals	y	y
Case number	y	y
Case Number of Prior Guardianship	y	y
Cash In Box	y	y
Causes of Action	y	y
Certificate of Service on Guardian of the Person	y	y
Certificate of Service on Guardian of the Property	y	y
Charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding	y	y
Charged with, arrested for or convicted any other crimes	y	y
Charged with, arrested for or convicted of a felony	y	y
Check box Suggestion of capacity	y	y
A petition for extraordinary authority, S. 744.3725		
Circuit Judge	y	y
Circuit Name	y	y
Claims	y	y
Collectibles	y	y
College Degree	n	n
College Name	n	n
Committee Member	y	y
Committee Member Address	y	y
Committee Member Name	y	y
Completed guardian instructional training?	y	y
Condition of Bond	y	y
consent to or refusal of medical or other professional care, counseling, treatment or service	y	y
Consultation with Family Physician	n	y
Control or management of real or personal property or income from any source	y	y

Guardianship Data Elements	Clerk need	Court need
Copies Furnished to	y	y
Corporate title of affiant	n	y
Corporation Address	n	y
Corporation Name	n	y
Corporation Place of Business	n	y
Cost Request	?	y
County	y	y
County of residence of designated agent	y	y
County Residence of incapacitated person	y	y
County where oath taken	y	n
Court Appointed Attorney Address	y	y
Court Appointed Attorney Name	y	y
Court for Prior Guardianship	y	y
Court Monitor Name	y	y
Date and time examination	y	y
Date Approved	y	n
Date completed instructional training	y	y
Date Conducted Inventory	n	y
Date fees are to paid to the Clerk	y	n
Date Judge signed Notice	n	y
Date of Appointment	y	y
Date of Birth of AIP	y	y
Date of Bond	n	y
Date of clerk report	n	y
Date of Court Order	y	y
Date of Death	y	y
Date of Examination	y	y
Date of felony	n	y
Date of hearing	y	y
Date of incapacity adjudication	y	y
Date of Matriculation	n	n
Date of other crime	n	y
Date of Report	y	y
Date Order Appointing Foreign Guardian was entered	y	y
Date Order Appointing the Committee is signed by the Judge	y	y
Date Order is signed by agent of state of Florida	n	y
Date Ordered	y	y
Date Petition to Determine Incapacity is Dismissed	y	y
Date report filed	y	y
Date Served	y	y
Date signed	n	y
Date suggestion of capacity filed	y	y
Date Suggestion signed by Petitioner	n	n
Date sworn	n	n
Date to commence payment	n	y
Days to file	y	y

Guardianship Data Elements	Clerk need	Court need
Decedent Name	y	y
Decisions concerning education	y	y
Decisions concerning travel or where to live	y	y
Deeds	y	y
Delegated rights	y	y
Depository Name	y	y
Deputy Clerk Name	n	n
Deputy Clerk Name who served order	n	n
Description of amounts requested	y	y
Description of area of focus	n	y
Description of Assets	y	y
Description of Classes	?	y
Description of concerns	n	y
Description of expenses	y	y
Description of health and accident insurance and any other private or governmental benefits to which the ward may be entitled	y	y
Description of health insurance benefits	n	y
Description of how well the Ward communicates and maintains interpersonal relationships	n	y
Description of medical treatment during preceding year	n	y
Description of monetary request	n	y
Description of Petitioner's basis for petition	n	y
Description of property petitioner desires to manage	n	y
Description of ward capacity to live independently	y	n
Description or address of property	y	n
Designated agent address	n	n
Designated Agent County of Residence	n	n
Designated Agent Name	n	y
Details of bond	n	n
Details of course	n	n
Details of felony	n	y
Details of other crime	n	y
Details of prior service as guardian	n	y
Determined to have committed abuse, abandonment or neglect against a child as defined by FS	n	y
Diagnosis (short summary)	n	y
Disbursements - Income	y	y
Disbursements - Principal	y	y
Disbursements - Total	y	y
Discharged from any listed employers?	n	n
Distribution Request	n	y
DOB of Alleged incapacitated person/Ward	y	y
DOB of minor ward	y	y
DOB of Next of Kin	n	y
DOB of non-resident ward	y	y
DOB Of Petitioner	y	y

Guardianship Data Elements	Clerk need	Court need
DOB of ward	y	y
Does/Does Not continue to need assistance of a guardian	y	y
Elisor Address	n	n
Elisor Name	n	y
Elisor Signature	n	n
Employed by corporation or entity which is providing business services to the incapacitated person	y	y
Employee of financial institution name	n	n
Employer Address	n	n
Employer for Proposed Guardian Address	n	n
Employer for Proposed Guardian Name	n	n
Employer Name	n	n
End Date of Employment	n	n
Evaluation of ward condition	y	n
Ever held position requiring bonding	n	n
Ever filed bankruptcy	n	y
Ever served as guardian of a person or of a person's property	n	y
Examining Committee Member Name	y	y
Examining Committee Members knowledge of incapacity	n	y
Execution of a will or waiving the provisions of an existing will	y	y
Factual basis for incapacity	y	n
Fair Market Value	y	y
Family Physician's name	n	y
Fee Period	y	y
Fee Request	y	y
Final Disposition	y	y
Financial Institution name	y	y
Findings of Court	y	n
Florida Bar Number	y	y
Florida Creditor Address	y	n
Florida Creditor Name	y	y
Functional Assessment	y	n
Governor Name	n	n
Grade of Ward	n	y
Guardian being removed Name	y	y
Guardian Name	y	y
Guardian of Person Name	y	y
Guardian of Property Name	y	y
Guardian Signature	n	n
Guardianship Extent	y	y
Guardianship Extent Recommended	y	y
Guardianship Type	y	y
Guardianship Type of prior guardianship	y	y
Guardianship Type requested	y	y
Health Care Surrogate Document	n	y
Held in Contempt or Removed as guardian?	y	y

Guardianship Data Elements	Clerk need	Court need
High School Degree	n	n
Hours billed	n	y
Incapacitated Person Address	y	y
Incapacitated Person Name	y	y
Incapacity to exercise	?	y
Income	y	y
Information the report fails to provide	y	n
Initiation, defense or settlement of lawsuits	y	y
Institution Address	y	y
Institution Name	y	y
Interested Person Address	n	y
Interested Person Age	n	n
Interested Person Name	n	y
Interested Person Signature	n	n
Is a creditor or providing professional, personal or business services to the applicant	n	y
Is it necessary that a limited guardian of the property be appointed for the Ward?	n	n
Is resident agent a member of The Florida Bar	n	n
Is the limited guardian of the property of the Ward a professional guardian?	y	y
Jewelry	y	y
Job Position	n	n
Judge Name	y	y
Judge Signature	n	n
Judges name	y	y
Judicial Assignment	y	y
Judicial Division	y	y
List of assets received	y	y
List of specific evidence of the person's incapacity to exercise informed decisions in the categories previously checked	n	y
Living Will	n	y
Location of assets	y	y
Location of offense	n	y
Make informed decisions affecting the social environment or other social aspects of his/her life	y	y
Make informed decisions determining his/her residence	y	y
Make informed decisions regarding his/her right to sue, or assist in the defense of suites of any nature against him or her	y	y
Make informed decisions regarding his/her right to consent to medical and mental health treatment	y	y
Make informed decisions regarding his/her right to contract	y	y
Make informed decisions regarding his/her right to have a driver's license or operate a motor vehicle	y	y
Make informed decisions regarding his/her right to manage property or to make any gift or disposition of property	y	y

Guardianship Data Elements	Clerk need	Court need
Make informed decisions regarding his/her right to marry	y	y
Make informed decisions regarding his/her right to personally apply for government benefits	y	y
Make informed decisions regarding his/her right to seek or retain employment	y	y
make informed decisions regarding his/her right to travel	y	y
Make informed decisions regarding his/her right to vote	y	y
Making contracts	y	y
Making gifts	y	y
Management of a business	y	y
Marriage License	n	n
Master's Findings and Recommended Order on Petition to Determine Capacity and Petition for Appointment of Guardian	n	y
Master's Findings and Recommended Order on Suggestion of Capacity	n	y
Matriculation Date	y	n
Medical, mental or personal care services to be provided for the welfare of the ward	y	y
Mental health Examination	y	y
Minor Name	y	y
Minor Ward Address	y	y
Minor Ward Name	y	y
Minor Ward Residence Address	y	y
Monthly Amount of expenses	y	y
Name and address of extended care facility	y	y
Name of all persons known to the petitioner who have knowledge of such facts through personal observation	n	n
Name of Appointing Court	y	y
Name of court appointed elisor	n	y
Name of next of Kin	y	y
Name of other education	n	n
Name of person present during the examination	n	y
Name of Person Served	y	y
Nature and scope of incapacity	y	y
Nature of Assets (held by Petitioner)	y	y
Nature of incapacity	y	y
Nature of property subject to guardianship	y	y
Nature of the Ward's property	y	y
Nature of ward's incapacity	y	y
Net Value of Real Estate	y	y
Next of kin address	y	y
Non-resident Ward Address	y	y
Non-resident Ward Name	y	y
Non-resident Ward Residence Address	y	y
Non-standard coin and Currency other than US	y	y
Notary Public Signature	n	n
Number of days to file required document	y	y

Guardianship Data Elements	Clerk need	Court need
Order of Court	y	y
Ordered Costs	y	y
Ordered Fee	y	y
Other (list)	?	?
Other education degree	n	n
Other fails to provide	y	y
Other Information report fails to provide	y	y
Other Personal Property	y	y
Other Property	y	y
Other Report fails to provide	y	y
Parent(s) Address	y	y
Parent(s) Name	y	y
Passport	n	y
Payment or collection of debts	y	y
Permitting access to, refusal of access to or consent to release confidential records and papers	n	y
Person petitioner requests notice be given to address	y	y
Person Served Address	y	y
Person Served Name	y	y
Personal Property	y	y
Personal Representative Name	y	y
Personal Representative Signature	y	n
Personally known	n	n
Persons whom petitioner requests notice be given to	y	y
Petition Granted or Denied	y	y
Petitioner Address	y	y
Petitioner cannot pay audit fees because	y	y
Petitioner Name	y	y
Petitioner Name Attorney	y	y
Petitioner post office address	y	y
Petitioner relationship to alleged incapacitated person	y	y
Petitioner Request to Court	n	y
Petitioner Residence	y	y
Petitioner Residence Address	y	y
Petitioner Signature	n	n
Petitioner Signature Block	y	y
Petitioner states what alleged incapacitated person is incapable of performing	n	y
Petitioner Status	y	n
Phone number of court appointed attorney	y	y
Physical and mental examinations necessary to determine the ward medical and mental health treatment needs	y	y
Physical Disabilities of proposed guardian	n	y
Physical Examination	y	y
Physician Address	y	y
Physician Name	y	y

Guardianship Data Elements	Clerk need	Court need
Physician Signature	n	n
Place of hearing	y	n
Possession	y	n
Powers and duties of ETG	y	y
Primary language	y	y
Principal Name	y	n
Principal Signature	n	n
Professional/Non Professional	y	y
Prognosis (short summary)	y	y
Property Description	y	y
Property of ward to be placed in restricted depository	y	y
Proposed Distribution	n	y
Proposed Emergency Temporary Guardian	n	y
Proposed guardian a health care provider for the Ward?	n	y
Proposed Guardian Address	n	y
Proposed Guardian High School Name	n	n
Proposed Guardian Name	n	y
Proposed Guardian Residence Address	n	y
Proposed Guardian Signature	n	n
Provision of Medical Services	y	y
Provision of Mental Health Services	y	y
Provision of personal care services	y	y
Provision of rehabilitation services	y	y
Provision of social/recreational services	y	y
Purpose of Examination	y	n
Real Estate	y	y
Reason for Discharge	y	y
Reason for exemption	y	n
Reason for Leaving	n	n
Reason for Termination	n	n
Reason proposed emergency temporary guardian should be appointed	n	y
Reason why proposed guardian should be appointed	n	y
Reasons guardian should be discharged	y	y
Reasons why guardian is being removed	y	y
Receipts - Income	y	y
Receipts - Principal	y	y
Receipts - Total	y	y
Recommended course of treatment	n	y
Regular Checkup	y	y
Relationship	y	y
Relationship of next of Kin	y	y
Relationship of proposed guardian to minor	y	y
Relationship of proposed guardian to Ward	y	y
Report fails to provide	y	n
Reporting End Date	y	y
Reporting Period	y	y

Guardianship Data Elements	Clerk need	Court need
Reporting Start Date	y	y
Representative Name	y	y
Representative Signature	n	n
Residence Best Suited for Ward	y	y
Residence of AIP	y	y
Respondent Name	y	y
Restrictions to Letters of Guardianship	?	y
Rights the Ward is currently capable of exercising which were removed	y	y
Rights the Ward is incapable of exercising	y	y
Rights to be delegated	y	y
Rights to be restored to the ward	y	y
Safe Deposit Box Number	y	n
Schedule A - Receipts	y	y
Schedule B - Disbursements	y	y
Schedule C - Capital Transactions and Adjustments	y	y
Schedule D - Assets other than cash on hand at close of accounting period	y	y
Schedule D - Cash Assets on Hand at Close of Accounting Period	y	y
School Address	y	n
School Name	y	n
Service Type	y	n
Signature of Committee Member	n	n
Signature of employee of financial institution	y	n
Social and personal services currently utilized by ward	y	y
Social Security Card	n	n
Special Educational Qualifications	n	n
Special Educational Qualifications Description	n	n
Start Date of Employment	n	n
Starting Balance - Income	y	y
Starting Balance - Principal	y	y
Starting Balance - Total	y	y
State of Appointing Court	y	y
Statement describing payments	y	n
Statement describing petitioner dependence on ward	y	n
Statement describing petitioner specific needs	y	n
Statement of entitlement to appointment	n	y
Statement of areas AIP retains capacity	y	y
Statement of areas in which the ward lacks capacity	y	y
Statement of Distribution	y	y
Statement of Distribution of depository assets	y	y
Statement of Distribution of remaining assets	y	y
Statement of how dependent	y	n
Statement of Interest	n	y
Statement of Needs	y	n
Statement of Petitioner's knowledge of AIP incapacity	n	n
Statement of property order authorizes Foreign Guardian to manage	y	y

Guardianship Data Elements	Clerk need	Court need
Statement of relationship	y	y
Statement of Social Activities	y	y
Statement of Venue	y	y
Stocks/Bonds/Securities	y	y
Subject of abuse/neglect/exploitation charge	y	n
Successor Guardian Address	y	y
Successor Guardian Name	y	y
Successor Guardian Status	y	y
Summary of Ward school progress report	y	n
Surety Name	y	y
Surety Signature	n	n
Telephone number of court appointed attorney	y	y
The costs of the proceeding being assessed to the petitioner	y	y
Time of hearing	y	y
Title/Name of Action	y	y
Total amount of fees to be paid to the Examining Committee	y	y
Total amount of payment	y	y
Total amount of the court appointed attorney fees	n	y
Total Amount Ordered	y	y
Total Assets	y	y
Total Estimated Net Value of All property	y	y
Total Prior Costs	y	y
Total Prior Fees	y	y
Total sum of the costs	y	y
Total Value of Encumbrances/Liens/Security Interests	y	y
Total Value of Personal Property	y	y
Total Value of Real Estate	y	y
Treatment for	y	y
Treatment for Alcohol?	y	y
Treatment for Drugs?	y	y
Treatment for Mental Condition?	y	y
Treatment for Other?	y	y
Trust Documents	y	y
Type of address	?	y
Type of Guardian	y	y
Type of ID if not personally known	n	n
Type of Offense	y	n
US Citizenship Status of Proposed Guardian	y	y
Value of property petitioner desires to manage	y	y
Value of property subject to guardianship	y	y
Ward Address	y	y
Ward Name	y	y
Ward Name of Prior Guardianship	y	y
Ward Residence Address	y	y
Ward Signature	n	n
Will	y	y

Guardianship Data Elements	Clerk need	Court need
Will date	y	y
Wishes of the ward	n	y
Witness Name	y	n
Work Telephone	n	n
Year End Balance	y	y

Yellow Highlight = Does not need to be searchable

Marchman Data Elements	Clerk need	Court need
Ability to afford private counsel	y	y
Age	y	y
Appointed Attorney Name	y	y
Assessing Clinician Credentials	n	y
Assessing clinician name	n	y
Assessing Clinician Signature	n	n
Assessment	n	y
Attorney Name	y	y
Attorney signature block	y	y
Attorney Status	y	y
Basis for Order	n	y
Behavior history	n	y
Behavioral stability poor by hx	n	y
Biomedical status	n	y
Case Number	y	y
County	y	y
Cultural, social or spiritual issues	n	y
Current charges	y	y
Current Medical/psychiatric status	n	y
Current substance abuse	y	y
Custody Order	y	y
Date	y	y
Date converted to Baker act	y	y
Date discharged	n	y
Date of previous allegations by petitioner	n	y
Date of previous allegations by respondent	n	y
Date of previous instance of self or other harm	n	y
Date ordered	y	y
Date signed	y	y
Date signed by Clinician	n	y
Date Signed by Physician	n	y
Date to appear	y	y
Date Transferred	n	y
Description of how respondent has inflicted or is likely to inflict physical harm on self	n	y
Description of Petitioner's attempt to get respondent to agree to seek assistance	n	y
Description of previous allegations by petitioner	n	y
Description of previous allegations by respondent	n	y
Description of respondent's refusal	n	y
Description of why petitioner made no attempt having respondent seek assistance	n	y
Designated Service Provider name	n	y

Marchman Data Elements	Clerk need	Court need
Detox recommended	n	y
Diagnosed personality disorder code	n	y
Diagnosed personality disorder description	n	y
Diagnosis Code	n	y
Diagnosis Description	y	y
Division	y	y
Drug related behavior	n	y
Drugs of choice	n	y
Evidence of substance abuse impairment	n	y
Evidence respondent meets involuntary admission criteria	n	y
Facility Address	y	y
Facility discharged to	y	y
Facility Name	y	y
Facility Representative	y	y
Facility Transferred to	n	y
Family History of Alcohol abuse	n	y
Family/relationship issues	n	y
Findings and recommendations	n	y
Further allegations	n	y
Guardian name	y	y
Hearing Attendance	y	y
Hearing Date	y	y
Hearing Time	y	y
Impulse control	n	y
Indigent Status	y	y
Judge Name	y	y
Judge Signature	n	n
Judicial Assignment	y	y
Judicial Order	y	y
Legal guardian	y	y
Legal Representation Status	y	y
Level of Care Determination	n	y
Location ordered	y	y
Location to appear	y	y
Medications	n	y
Motivation	n	y
Name of Administrator or Designee	y	y
Name of agency charged with taking respondent into custody	y	y
Order	y	y
Other behavior	n	y
Other identifiable features	y	n
Other issues	n	y
Other reason for denial	n	y

Marchman Data Elements	Clerk need	Court need
Other reason for withdrawal	n	y
Patient AGE	y	y
Patient current living situation	n	y
Patient DOB	y	y
Patient ethnicity	y	y
Patient Gender	y	y
Patient Marital status	y	y
Patient Name	y	y
Pending criminal charges	y	y
Pending incapacity	y	y
Person Served	y	y
Petition date	y	y
Petitioner Address	y	y
Petitioner Name	y	y
Petitioner signature	n	n
Physician Name	n	y
Physician phone	n	y
Physician Signature	n	n
Place of Hearing	y	y
Previous allegations by petitioner	n	y
Previous allegations by respondent	n	y
Prior substance abuse or MH Treatment	y	y
Private Counsel Status	y	y
Reason for Denial	y	n
Reason for withdrawal	y	n
Recovery Environment	n	y
Relapse Potential	n	y
Related court cases with petitioner	y	y
Related court cases date	y	y
Related court cases description	y	y
Related court cases explanation	y	n
Respondent address	y	y
Respondent age	y	y
Respondent Attorney name	y	y
Respondent Attorney status	y	y
Respondent DOB	y	y
Respondent eye color	y	y
Respondent gender	y	y
Respondent hair color	y	y
Respondent has refused to submit to an assessment	n	y
Respondent height	y	y
Respondent Location	y	y
Respondent Name	y	y
Respondent Race	y	y

Marchman Data Elements	Clerk need	Court need
Respondent refused to voluntarily receive care	n	y
Respondent Signature	n	n
Respondent weight	y	y
Signature of Administrator or Designee	n	n
Specific recommendation	n	y
Statement of relationship	y	y
Statement of relationship status	y	y
Statement of respondent losing the power of self control with respect to substance abuse	n	y
Statement of respondent's inability to appreciate need for services	n	y
Statement of substance abuse impaired - describe	n	y
Statement of substance abuse impairment	n	y
Substance abuse history	n	y
Time	n	y
Time known	n	y
Time of previous instance of self or other harm	n	y
Time signed	n	y
Treatment Attitude	n	y
Type of Petition	y	y
Verification of Petition	y	n
Violent now	y	y
Violent past	y	y
Weapons	y	y
Wish to have counsel appointed	y	y
Withdrawal risk	n	y

Yellow Highlight = Does not need to be searchable

Mental/ Medical Health Data Elements	Clerk need	Court need
Access to weapons, recent violence or pending criminal charges	y	y
Action taken by petitioner regarding consent to voluntary examination by Respondent	n	y
Actions to be Taken	n	y
Additional info	n	n
Address of Adult Child	n	y
Address of Guardian	y	y
Address of Parent	y	y
Administrator or Designee Name	y	y
Adult Child Name	n	y
Affidavit Sworn in County	y	y
Age of Patient	y	y
Age of Respondent	n	y
Agency Representative	y	y
Approval of disposition/placement	y	y
Assisted Living Facility Status	n	y
Attorney Address	y	y
Attorney Name	y	y
Attorney Representation Status	y	y
Attorney Signature Block	y	y
Basis for Actions	n	n
Basis for Custody	n	y
Basis for Relief	n	y
Basis for threat to public health	n	y
Belief that these actions were result of retardation or disability	n	y
Case Manager Assigned	n	y
Case manager/case management agency contact phone number	n	y
Case manager/case management agency name	n	y
Case Name	y	y
Case Number	y	y
Certificate of Mailing - Date	y	y
Certificate of Mailing - Signature of Administrative Law Judge	n	n
Circumstance for custody	n	y
Clerk Official Name	n	n
Competency	y	y
Consent to Examination	n	y
Converted to Marchman Act	y	y
County	y	y
County of Residence	y	y
Court appointed attorney address	y	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Court appointed attorney name	y	y
Court-appointed health care decision-maker address	n	y
Court-appointed health care decision-maker name	n	y
Criteria 394.463(1)(a)(b)	y	y
Criteria and Basis for involuntary examination or treatment	y	n
Criteria harm/likely harm	y	y
Current Medications	y	y
Date Administrator or Designee Signed	n	y
Date allegation was made by petitioner or family member	n	y
Date allegation was made by Respondent	n	y
Date Arrived at Facility	n	y
Date Evaluator Signed	n	y
Date Executive Director or Chief Clinical Officer Signed	n	y
Date Law Enforcement Officer Signed	n	y
Date mailed to BA Center	n	y
Date of Conversion to Marchman Act	y	y
Date of court case petitioner or family member is or was involved in with petitioner	n	y
Date of Discharge	y	y
Date of exam	n	y
Date of hearing	y	y
Date of oath	y	y
Date of Physician Evaluation	n	y
Date of Psychiatric Evaluation	n	y
Date of Release	y	y
Date of service	y	y
Date of Transfer	n	y
Date Ordered	y	y
Date petition filed	y	y
Date Psychiatrist Signed	n	y
Date received into custody	n	y
Date Second Physician Signed	n	y
Date Signed	n	y
Date sworn	n	y
DCF Custody Status	n	y
Decisional Time Frames	n	y
Description of allegation by petitioner or family member	n	y
Description of allegation by Respondent	n	y
Description of behavior	n	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Description of criminal charges pending	y	y
Description of current violent behavior	y	n
Description of past violent behavior	y	n
Description of weapons	y	y
Destination after Discharge	n	y
Destination after Transfer	n	y
Determination of mental illness	n	y
Diagnosis of Mental Illness	n	y
Discharged	y	y
DJJ Status	n	y
Does the Respondent have an attorney	y	y
DSM Codes	n	y
DSM ICD Admission Code Number	n	y
DSM ICD Admission Diagnosis	n	y
Eligible for Title XX	n	y
Ethnicity of Respondent	n	y
Evaluator Name	n	y
Executive Director or Chief Clinical Officer Signature	n	n
Executive Director or Chief Clinical Officer Designation Signature	n	n
Executive Director or Chief Clinical Officer Name	n	y
Explanation of action taken by petitioner regarding consent to voluntary examination by Respondent	n	y
Explanation of condition of terms with Respondent	n	y
Explanation of court case petitioner or family member is or was involved in with petitioner	n	y
Explanation of inability of family and friends to provide care	n	y
Facility Address	y	y
Facility Administrator Address	y	y
Facility Administrator Name	y	y
Facility Name	y	y
Facts to support a relief request	n	y
Family and Friends ability to provide care to avoid harm to Respondent	n	y
Family Member Present - Address	n	y
Family Member Present - Name	n	y
Family Member Present - Relationship	n	y
FMHI Assigned Provider Number	n	y
Gender	n	y
Gender of Respondent	n	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Good terms with Respondent	n	y
Guardian Address	y	y
Guardian Advocate Address	y	y
Guardian Advocate Consent Authority Given	y	y
Guardian Advocate Name	y	y
Guardian Advocate Relationship to Respondent	n	y
Guardian contact information	y	y
Guardian Name	y	y
Guardian or Representative Relationship to Respondent	n	y
Guardian or Representative Address	y	y
Guardian or Representative Name	y	y
Guardianship Status	y	y
Health insurance coverage	n	y
Hispanic Origin	n	y
Homeless status	n	y
Hospital Name	y	y
How long has behavior existed	n	y
How long have you known Respondent	n	y
In Custody Status	y	y
Judge Name	y	y
Judge Signature	n	n
Judicial Assignment	y	y
Judicial Order	y	y
Last known address of respondent	y	n
Law Enforcement Agency	y	y
Law Enforcement Case Number	n	y
Law Enforcement Officer Badge or ID number	n	n
Law Enforcement Officer Name	n	y
Law Enforcement Officer Signature	n	n
Legal Guardian Status	y	y
Legal Status	y	y
Length of stay in treatment facility	n	y
License Number	n	y
Likelihood of continuing to expose public to health risk	y	n
Likelihood to appear at hearing	y	n
Likelihood to leave jurisdiction	y	y
Location of hearing	y	y
Location of Respondent	y	y
Location where Respondent held in custody	y	y
Medications currently prescribed to Respondent	y	y
Mental Health Center Address	y	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Mental Health Center Name	y	y
Mental health opinion on if patient should be admitted to facility	n	y
Minor Status	y	y
Name of Designated Receiving/Treatment Facility	y	y
Name of Facility Delivered to	y	y
Name of facility to which respondent is referred	y	y
Name of Parent	y	y
Name of person completing the form	y	y
Name of person minor lives with	y	y
Name of programs/agencies where less restrictive treatment is inappropriate	y	y
Narrative of circumstances	y	n
Nature and extent of mental illness	y	n
Necessary Infection Control Procedures	y	n
Next of Kin - Address	y	y
Next of Kin - Name	y	y
Next of Kin - Relationship	y	y
Non-Compliance with Involuntary Outpatient Placement	y	y
Non-State Facility Name	y	y
Non-State Facility Type of Service	n	y
Notary Public Commission Expire Date	n	n
Notary Public Signature	n	n
Notice Agency ID	n	y
Number of days order expires in	y	y
Number of family members	n	y
Nursing Home Status	y	y
Other Action	y	n
Other Action description	y	n
Other details	y	n
Other Information/Evidence from family, friends, etc.	y	n
Other Physician Address	y	y
Other Physician Name	y	y
Other Respondent Address	y	y
Other Respondent Name	y	y
Other Witness Address	y	y
Other Witness Name	y	y
Patient Name	y	y
Patient present at hearing	y	y
Pending guardianship petition	y	y
Person Detained Name	y	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Person or Representative Name	y	y
Person or Representative Signature	n	n
Person Served	y	y
Person who administered the oath name	n	n
Personally known	n	n
Petition the Court to order an independent expert	y	y
Petitioner Address	y	y
Petitioner Allegations	y	n
Petitioner Name	y	y
Petitioner occupation	y	n
Petitioner phone number	y	y
Petitioner Signature	n	n
Petitioner work address	y	y
Petitioner Work Phone Number	y	y
Physician name	y	y
Physician phone number	y	y
Physician Signature	n	n
Physician/Psychologist Name	y	y
Pick up Address	y	y
Picture attached	n	y
Place of hearing	y	y
Previous allegations made by petitioner or family member to law enforcement or court	n	y
Previous allegations made by Respondent subject to petition to law enforcement of court about petitioner or family member	n	y
Previous involvement in court case by petitioner or family member	y	y
Primary language of Respondent	y	y
Principal Treating Physician Address	y	y
Principal Treating Physician Name	y	y
Printed Name and Signature of Administrator or Designee	n	n
Printed Name of Administrator or Designee	y	y
Private Attorney Address	y	y
Private Attorney Name	y	y
Profession	y	n
Professional Address	y	n
Professional License Number	n	y
Professional Name	y	y
Proposed Actions	n	n
Proposed Guardian Address	y	y
Proposed Guardian Name	y	y
Prospective monthly income	n	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Provider Address	y	y
Provider Name	y	y
Provider Phone Number	y	y
Psychiatrist License Number	n	y
Psychiatrist Name	n	y
Psychiatrist Name	n	y
Public Receiving Facility Name	y	y
Race	n	y
Reason less restrictive placement is not being used	n	y
Reason steps did not work	n	y
Reasons for Actions	n	y
Recommended Disposition/Placement	n	y
Referring facility name	y	y
Referring Physician Name	y	y
Respondent DOB	y	y
Respondent eye color	y	y
Respondent hair color	y	y
Respondent height	y	y
Respondent residence prior to placement in facility	y	y
Respondent scars/tattoos	y	y
Respondent weight	y	y
Respondent access to weapons	y	y
Respondent Address	y	y
Respondent been combative/violent in the past	y	y
Respondent combative/violent now	y	y
Respondent currently in custody	y	y
Respondent designated in living will, or other document address	n	y
Respondent designated in living will, or other document name	n	y
Respondent have pending criminal charges	y	y
Respondent knowledge of condition from family members	n	y
Respondent Name	y	y
Respondent Name	y	y
Respondent Pseudonym	y	y
Respondent Served Name	y	y
Respondent Social Security Number	y	y
School Status	n	n
Second Physician Name	n	y
Seen behavior that causes petitioner to believe Respondent will do harm to self or others	y	n
Service status	y	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Signature of Administrator or Designee	n	n
Signature of Evaluator	n	n
Signature of Facility Administrator or Designee	n	n
Signature of Professional	n	n
Signature of Psychiatrist	n	n
Signature of Second Physician	n	n
Similar behavior observed	y	n
Spouse Address	n	y
Spouse Name	n	y
State Attorney address	y	y
State Attorney name	y	y
State Facility Reason for Recommendation	n	y
State Mental Health Treatment Facility Recommended	n	y
State of Residence	n	y
Statement of consent	n	y
Statement of Interest	n	y
Statement of lack of care will lead to Respondent hurting self	n	y
Statement of neglect or harm to self or others	y	n
Statement of Observations	n	y
Statement of relationship of any court-appointed health care decision-maker to respondent	n	y
Statement of Relationship of Guardian Advocate to Respondent	n	y
Statement of Relationship of Guardian or Representative to Respondent	n	y
Statement of relationship of guardian to respondent	n	y
Statement of relationship of other respondent to patient	n	y
Statement of Relationship of Other Witness to Respondent	n	y
Statement of relationship of Petitioner to Respondent	n	y
Statement of relationship of Respondent designated in living will, or other document	n	y
Statement of relationship of witness to respondent	n	y
Statement of Respondent inability to meet ordinary demands	n	y
Statement of Respondent voluntariness	n	y
Statement of Respondent is likely to suffer from neglect	n	y
Statement of Self Neglect and/or Bodily Harm	n	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Statement of voluntariness	n	y
Statement of why Respondent is unable to determine if examination is necessary	n	y
Statutory criteria	y	y
Steps taken to get Respondent to go to hospital for mental health	n	y
Supporting Evidence	n	n
Time Executive Director or Chief Clinical Officer signed	n	y
Time Judge Ordered	n	y
Time Law Enforcement Officer Signed	n	y
Time of Evaluation	n	y
Time of exam	n	y
Time of hearing	n	y
Time Psychiatrist Signed	n	y
Time received into custody	n	y
Time Second Physician Signed	n	y
Time Signed	n	y
Transferred	n	y
Transport - Agreement - Law Enforcement Agency Name	n	n
Transport - Agreement - LEO Date Signed	n	n
Transport - Agreement - LEO Name	n	n
Transport - Agreement - LEO Signature	n	n
Transport - Agreement - LEO Time Signed	n	n
Transport - Agreement - Respondent Name	n	n
Transport - Agreement - Transport Company Name	n	n
Transport - Agreement - Transport Representative Date Signed	n	n
Transport - Agreement - Transport Representative Name	n	n
Transport - Agreement - Transport Representative Signature	n	n
Transport - Agreement - Transport Representative Time Signed	n	n
Transport - Company Name	n	n
Transport - Facility Name	n	n
Transport - Facility Taken To	n	n
Treating Physician(s) Name	n	y
Treatment Alternatives	n	y
Type of Admission	n	y
Type of case	y	y
Type of court case petitioner or family member is or was involved in with petitioner	y	y
Type of Facility	n	y

Mental/ Medical Health Data Elements	Clerk need	Court need
Type of form attached	n	n
Type of ID if not Personally known	n	n
Type of Petition to be Withdrawn	y	n
Type of Physician	n	y
Type of Professional	n	y
Witness Address	n	n
Witness Name	n	y
Zip Code of Residence	n	y

Yellow Highlight = Does not need to be searchable

Probate Data Elements	Clerk need	Court need
Accompanying authenticated documents of the domiciliary proceedings	n	n
Accounting - assets other than cash	n	y
Accounting - cash	n	y
Accounting - cash total	n	y
Accounting - net gain or (loss)	n	y
Accounting - other assets total	n	y
Accounting - total assets (must agree with the total for item VI on summary)	n	y
Accounting - total net gains and (losses)	n	y
Accounting period - date from	n	y
Accounting period - date through	n	y
Address of attorney for interested persons	y	y
Address of attorney for person giving notice	y	y
Address of attorney for personal representative	y	y
Address of attorney for petitioner	y	y
Address of attorney for surviving spouse	y	y
Address of attorney of ancillary personal representative	y	y
Address of attorney of personal representative	y	y
Address of claimant	y	n
Address of commissioner/officer	y	n
Address of Corporation	y	y
Address of creditor	y	n
Address of curator		
Address of Decedent	y	y
Address of Depository	y	y
Address of direct recipient	y	y
Address of domiciliary PR	y	y
Address of interested party	y	y
Address of interested person	y	y
Address of lineal descendant	n	y
Address of person property validly devised to	n	y
Address of person property was validly devised to	n	y
Address of Person Served	y	y
Address of Person Serving	y	y
Address of Petitioner	y	y
Address of Proposed Commissioner	n	n
Address of proposed PR	y	y
Address of Resident Agent	y	y
Address of Successor Resident Agent	y	y
Address of surviving spouse	y	y
Address of trustee	y	y
Adversary Proceeding Case Number	y	y
Adversary Proceeding Petitioner Name	y	y
Adversary Proceeding Respondent Name	y	y
Affiant personally known to notary	n	n

Probate Data Elements	Clerk need	Court need
Affiant place of residence of	n	n
Affiant post office address	n	n
Affiant produced identification	n	n
Affiant Signature	n	n
Amount Assigned	n	y
Amount of asset	?	y
Amount of Bonus Spousal Share	n	y
Amount of contribution sought from specific recipient	n	y
Amount of elective share	n	y
Amount of elective share assigned	n	y
Amount of elective share requested	n	y
Amount of elective share surviving spouse as Signature	n	n
Amount of the claim	y	y
Amount requested	n	y
Amount to be received by surviving spouse	n	y
Ancillary personal representative Signature	n	n
Asset Description	y	y
Assets to be distributed to surviving spouse to satisfy elective share	n	y
Assets to be used to pay elective share	n	y
Assets to be used to satisfy elective share	n	y
Assigned Distribution	n	y
Attorney Address	y	y
Attorney Bar Number	y	y
Attorney for claimant Signature	n	n
Attorney for personal representative Signature	n	n
Attorney for petitioner Signature	n	n
Attorney for surviving spouse Signature	n	n
Attorney Name	y	y
Attorney Phone Number	y	y
Attorney Signature	n	y
Attorney Signature Block	y	y
Bank Official Signature	n	n
Basis for the claim	n	n
Begin Date	n	y
Beneficiary Address	y	n
Beneficiary Name	y	y
Beneficiary Signature	n	n
Bond Amount	y	y
Caption - party A primary name	y	y
Caption - party B primary name	y	y
Caption -court division	y	y
Case Number	y	y
Caveator resident agent name	y	y
Caveator resident agent's name	y	y
Caveator mailing address	y	y

Probate Data Elements	Clerk need	Court need
Caveator name	y	y
Caveator residence address	y	n
Caveator resident agent address	y	n
Caveator resident agent county of residence	y	n
Caveator resident agent mailing address	y	n
Caveator resident agent signature	n	n
Caveator resident agent's address	y	n
Caveator resident agent's county of residence	y	n
Caveator resident agent's mailing address	y	n
Caveator resident agent's signature	n	n
Caveator signature	n	n
Caveator statement of interest	n	y
Claim contingent or unliquidated	n	y
Claim filing expiration date	y	y
Claim objected to	y	y
Claim omitted from personal representative proof of claim	y	y
Claim Status	y	y
Claimant served and failed to timely file claim	y	y
Claimant Signature	n	n
Claimant unknown to estate	y	n
Claims objected to	y	y
Clerk of court Signature	n	n
Clerk/Deputy Clerk Signature	n	n
Codicil Number	y	y
Condition of bond	y	y
corporate personal company's name	n	y
Corporate personal rep - title	n	y
corporate personal rep Id type	n	y
corporate personal rep sign	n	n
corporate personal rep title	n	y
Corporate representative Signature	n	n
County	y	y
Court Address	y	y
Court division - file number	y	y
Date Acceptance Signed by resident agent	n	y
Date ancillary administration commenced	n	y
Date approved	n	y
Date at which petitioner believes it will be possible to file a final Accounting and petition for discharge	n	y
Date civil action commenced	y	y
Date claim due	y	y
Date claim filed	y	y
Date claim paid	n	y
Date election filed	n	y
Date federal estate tax return due	y	y

Probate Data Elements	Clerk need	Court need
Date filed	y	y
Date for distribution	n	y
Date for Extension	y	y
Date inventory extended to	y	y
Date Judge, clerk or deputy clerk Signed	n	n
Date Letters Issued	y	y
Date notarized	n	n
Date Oath of Witness was sworn	y	n
Date objection to claim filed	y	y
Date objection to claim served	y	y
Date of appointment	?	y
Date of birth	y	y
Date of clerk mailing	y	y
Date of codicil	y	y
Date of court order designating depository	y	y
Date of Death	y	y
Date of Deputy Clerk/witness signature	n	n
Date of Election	n	y
Date of extension	y	y
Date of Final Accounting	n	y
Date of first publication	y	y
Date of Hearing	y	y
Date of Letters Issued	y	y
Date of Petition for Discharge	y	y
Date of receipt	?	y
Date of responsive pleading Service	y	y
Date of Service	y	y
Date of trust	n	y
Date of Will	n	y
Date of will	n	y
Date Ordered	y	y
Date Served	y	y
Date Signed	n	y
Decedent Age	n	y
Decedent county	y	y
Decedent date of death	y	y
Decedent DOB	n	y
Decedent Domicile	y	y
Decedent had a will	y	n
Decedent last known address	y	n
Decedent Name	y	y
Decedent place of death	y	y
Decedent SSN	y	y
Decedent State of Residence	y	y
Decedent was survived by	y	y

Probate Data Elements	Clerk need	Court need
Declarant Signature	y	n
Delete the following inapplicable provisions	n	?
Delivery receipts attached	y	n
Depository Signature	n	n
Deputy Clerk/witness signature	n	n
Deputy Clerk/Witness signature name	n	n
Deputy Clerk/Witness telephone number	n	n
Description of assets	n	y
Description of Adversary proceeding	y	y
Description of assets	y	y
Description of Assets on Hand at Close of Accounting Period	y	y
Description of Assets Received	y	y
Description of Capital Transactions and Adjustments	y	y
Description of Devise	y	y
Description of Disbursements	n	y
Description of Distributions	n	y
Description of exempt (protected) real estate in Florida	y	y
Description of exempt Assets	y	y
Description of exempt personal property	y	y
Description of non exempt Assets	y	y
Description of non-exempt homestead real estate in Florida	y	y
Description of Non-Exempt Personal Property	y	y
Description of Other Real Estate in Florida	y	y
Description of personal property in Florida	y	y
Description of personal property wherever located	y	y
Description of Property	y	y
Description of Real Estate in Florida	y	y
Description of Receipts	n	y
Description of use of funds	n	y
Description Other debts	y	y
Description Property Assigned	y	y
Disposition Request	y	n
Distribution Request	y	n
Domicile	y	n
Domiciliary PR Address	y	n
Domiciliary PR Name	y	y
Domiciliary proceedings	y	y
Domiciliary proceedings pending	y	y
Elective estate inventory attached	n	y
Employer Identification Number	y	n
End Date	n	y
Estimated fair market value of non-exempt real estate in Florida	y	y
Estimated fair market value of other real estate in Florida	y	y
Estimated fair market value of personal property in Florida	y	y
Estimated fair market value of personal property wherever located	y	y

Probate Data Elements	Clerk need	Court need
Estimated fair market value of real estate in Florida	y	y
Exempt (protected) real estate in Florida	y	y
Exempt property consists of	y	y
Expected date inventory will be filed	y	n
Expiration date for filing claim	y	y
Federal Estate Tax Status	y	y
Filed timely claim	y	y
First Publication Date	y	y
Florida Bar Status	y	y
Funeral Service Provider Name	y	y
Funeral Service Status	n	y
Funeral Service Value	y	y
Hearing Time	y	y
Homestead property description	y	y
Interested party's interest in the estate	y	y
Interested Person Address	y	y
Interested person address inventory should be served	y	y
Interested person attorney Signature	n	n
Interested Person Name	y	y
Interested Person Signature	n	n
Interested persons	y	y
Inventory due date	y	y
Is the claim secured	n	y
Is the personal representative in possession of the personal property	n	y
Judge Name	y	y
Judge Name signature	n	n
Judge Name, clerk or deputy clerk	n	y
Judge Name, clerk or deputy clerk which approved bond	n	y
Judge Signature	n	n
Judge, clerk or deputy clerk Signature	n	n
Judicial Assignment	y	y
Last known address of decedent	y	y
Last known residence of decedent	y	y
Legal Description of property	y	y
Liens on assets	n	y
Limited purpose for taking possession of property	n	y
Lineal Descendent	y	y
List of assets and estimated value	y	y
List of assets and estimated value (non-exempt)	y	y
Location of death	y	y
Location of Hearing	y	y
Location of original probate proceedings	y	y
Manner of distribution	n	y
Matter to be heard	y	y
Mortgage on assets	y	y

Probate Data Elements	Clerk need	Court need
Name and title of proposed commissioner	y	y
Name of affiant	y	n
Name of affiant to non self-proving will	y	n
Name of ancillary personal representative	y	y
Name of ancillary personal representative signature	n	n
Name of attorney for ancillary personal representative signature	n	?
Name of attorney for claimant signature	n	n
Name of attorney for declarant	y	y
Name of attorney for interested person signature	n	n
Name of attorney for objector signature	n	n
Name of attorney for person giving notice	y	y
Name of attorney for personal representative	y	y
Name of attorney for personal representative Signature	n	n
Name of attorney for personal representative/petitioner signature	n	n
Name of attorney for petitioner signature	n	n
Name of attorney for surviving spouse	y	y
Name of attorney for surviving spouse signature	n	n
Name of attorney if fact for surety	y	y
Name of attorney Petitioner signature	n	n
Name of attorney signature	n	n
Name of claimant	y	y
Name of claimant signature	n	n
Name of claimants attorney served objections on	y	y
Name of clerk of court	n	y
Name of clerk or deputy clerk signature	n	n
Name of Clerk/Deputy Clerk	n	y
Name of commissioner/officer	y	y
Name of corporate personal representative	y	y
Name of corporation	y	y
Name of corporation if personal representative is corporate	y	y
Name of county	y	y
Name of county in which court is located	y	y
Name of court	y	y
Name of creditor	y	y
Name of curator	?	y
Name of declarant	y	y
Name of Depository	n	y
Name of domiciliary PR	y	y
Name of filing	y	y
Name of Florida notary	n	n
Name of Interested Person	y	y
Name of lessor	y	y
Name of lineal descendant	n	y
Name of medical and/or hospital services provider	n	y
Name of objector	y	y

Probate Data Elements	Clerk need	Court need
Name of objector signature	n	n
Name of other attesting witnesses	n	n
Name of person property validly devised to	n	n
Name of person property was validly devised to	n	n
Name of person served	y	y
Name of person serving	y	y
Name of person that has an interest in the proceeding	y	y
Name of person who has a claim to the estate	y	y
Name of previous resident agent	n	y
Name of Principal	y	y
Name of proposed PR	y	y
Name of Recipients from whom contributions will be required	y	y
Name of resident agent	y	y
Name of respondent	y	y
Name of successor resident agent	y	y
Name of Surety	y	y
Name of surviving spouse	y	y
Name of surviving spouse signature	n	n
Name of Testator	y	y
Name of the parties to the civil action	n	y
Name of Trustee	y	y
Name of under Signature	y	n
Name(s) of child/children of decedent	y	y
Names of direct recipient	n	y
Names of Heir	y	y
Nature of Assets in the Estate	y	y
Nature of claim	y	y
Nature of the ancillary assets	y	y
Nature of the proceeding	y	y
Non Florida real estate	y	y
Non-exempt homestead real estate in Florida	y	y
Notary - county	n	n
Notary - date	n	n
Notary - decedent name	n	n
Notary - personal rep - identification type	n	n
Notary - personal representative identification type	n	n
Notary - personal representative known to me - yes or no	n	n
Notary - personal representative name	n	n
Notary - Signature	n	n
Notary - Type of identification	n	n
Notary - verification date	n	n
Notary Date	n	n
Notary Seal	n	n
Notary Signature	n	n
Number of adversary proceedings	y	y

Probate Data Elements	Clerk need	Court need
Number of codicil	y	y
Other attesting witness name	y	n
Parcel ID number	n	y
Payee	n	y
Person entitled to exempt property	y	y
Personal property in Florida	y	y
Personal Representative Address	y	y
Personal Representative Name	y	y
Personal Representative Signature	n	n
Petition filed within time permitted by section 732.402(6) of the Florida Probate Code	y	n
Petitioner Address	y	y
Petitioner Name	y	y
Petitioner / Personal Representative - Address	y	y
Petitioner / Personal Representative - Name	y	y
Petitioner Address	y	y
Petitioner appointed personal representative	y	y
Petitioner Attorney name	y	y
Petitioner attorney Signature	n	n
Petitioner believes the property was validly devised because	n	y
Petitioner has possession of estate assets	n	y
Petitioner Interest in Estate	n	y
Petitioner is unaware of any other unrevoked wills or codicils	y	n
Petitioner Name	y	y
Petitioner post office address	y	y
Petitioner residence address	y	y
Petitioner Signature	n	n
Place of Death	y	y
Place where will was executed	n	n
Plan of Distribution	n	y
Powers of appointment	?	y
Property Assigned	y	y
Property for computing elective share	n	y
Reason for disqualification	y	y
Reason for Extension	y	n
Reason inventory was not filed	y	n
Receipts attached	y	n
Reporting Period Schedule A	y	y
Reporting Period Schedule B	y	y
Reporting Period Schedule C	y	y
Reporting Period Schedule D	y	y
Reporting Period Schedule E	y	y
Requested Date for extension	y	y
Resident Agent Signature	n	n
Resident Agent Status	y	y

Probate Data Elements	Clerk need	Court need
Restrictions to letters of Administration	?	y
Safe deposit box number	n	y
Security for the claim	n	y
Security interest on assets	n	y
Share of property lineal descendant received	n	y
Share of property validly devised	n	y
Share of property validly devised person received	n	y
Short Form of Acknowledgment /notary page (F.S. 695.25)	n	n
Signature of person giving notice	n	n
State where ancillary administration is pending	y	y
State where civil action is pending	n	y
State where commissioner is authorized	y	y
Statement of claims against estate	y	y
Statement of eligibility for admission of Foreign Will	y	n
Statement of Entitlement to appointment	y	n
Statement of entitlement to be appointed PR	y	n
Statement of entitlement to summary administration	y	n
Statement of existence of will	y	y
Statement of Existence of Wills	y	y
Statement of how property devised in will or codicil	y	n
Statement of Interest	y	y
Statement of Interest in Estate	y	y
Statement of interest of petitioner	y	y
Statement of qualification for Summary administration	y	n
Statement of relationship	y	y
Statement of signer's fiduciary capacity	n	n
Statement of status of attesting witnesses	y	n
Statement of Venue	y	y
Statement order of distribution to cuban blocked account	?	y
Statement regarding claims against estate	y	y
Statement requiring cuban blocked account	?	y
Statement showing venue	y	y
Status of Administration	y	y
Status of medical and/or hospital services provider	y	y
Status Other debts	y	n
Successor resident agent county of residence	y	n
Successor resident agent Signature	n	n
Summary - Assets on hand at close of Accounting period - income	n	y
Summary - Assets on hand at close of Accounting period - principal	n	y
Summary - assets on hand at close of Accounting period - totals	n	y
Summary - Capital transactions and adjustments - principal	n	y
Summary - Capital transactions and adjustments - totals	n	y
Summary - disbursements - income	n	y
Summary - disbursements - principal	n	y
Summary - disbursements - totals	n	y

Probate Data Elements	Clerk need	Court need
Summary - distributions - income	n	y
Summary - distributions - principal	n	y
Summary - distributions - totals	n	y
Summary - receipts - income	n	y
Summary - receipts - principal	n	y
Summary - receipts - totals	n	y
Summary - starting balance - income	n	y
Summary - starting balance - principal	n	y
Summary - starting balance - totals	n	y
Surety Signature	n	n
Surviving Dependent Name	y	y
Surviving spouse Signature	n	n
Time of distribution	n	y
Time to be distributed	n	y
Title of corporate personal representative	y	y
Title of Depository	n	y
Title of Trust	y	y
Total Distribution	y	y
Total fair market value of all Florida real and personal property	y	y
Total fair market value of all personal property and non-exempt Florida real estate	y	y
Total fair market value of non-exempt real estate in Florida	y	y
Total fair market value of personal property in Florida	y	y
Total fair market value of real estate in Florida	y	y
Total value of assets	y	y
Total value of estate	y	y
Trustee Signature	n	n
Type of claim	y	y
Type of inventory	y	y
Type of service	y	y
Valid claims paid	y	y
Valid claims payable	y	y
Value of Assets in the Estate	y	y
Value of exempt assets	y	y
Value of exempt personal property	y	y
Value of Homestead Property	y	y
Value of medical and/or hospital services provider	y	y
Value of non-exempt assets	y	y
Value of non-exempt personal property	y	y
Value of property on date of death	y	y
Value of the ancillary assets	y	y
Value Other debts	y	n
Value Property Assigned	y	y
Verification-date	n	n
Witness address	y	n

Probate Data Elements	Clerk need	Court need
Witness Name	y	n
Witness Signature	n	n

Yellow Highlight = Does not need to be searchable

Trust Data Element Requirements	Probate		Guardianship	
	Clerk need	Court need	Clerk need	Court need
Account number for Trust for benefit of ward			y	y
Amount in Trust for benefit of Ward			y	y
Case Number	y	y		
City, State, Zip for trustee for trust for benefit of Ward			y	y
County of Residence of Decedent/Grantor	y	y		
Date copy of trust mailed to attorney for the personal representative	y	n		
Date of Trust	n	y		
Date Signed	n	n		
Date trust was created for benefit of ward			y	y
Description of Trust for benefit of ward			y	y
Judicial Assignment	y	y		
Name of Clerk	n	n		
Name of Decedent/Grantor	y	y		
Name of Trustee	y	y		
Name of trustee for trust for benefit of ward			y	y
Street address for trustee for trust for benefit of ward			y	y
Title of Trust	y	y		
Total amount of trusts for benefit of ward			y	y
Trustee Signature Block	y	n		

Yellow Highlight = Does not need to be searchable