

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF COLUMBIA
PROBATE DEPARTMENT

IN THE MATTER OF:

Case No. _____

**DECLARATION OF ELIGIBILITY FOR
OPDS PAYMENT OF ATTORNEY FEES
AND COSTS**

(Name of Protected Person)

ACCESS TO THIS DOCUMENT IS RESTRICTED TO PROTECT THE PRIVACY OF PARTIES

My name is: _____

I am the guardian, and/or the conservator, or the attorney for respondent

I am filing this Declaration because the estate of the protected party is unable to pay the attorney fees and costs sought by the counsel for the protected party without substantial financial hardship.

The full name of the protected person: _____

The date of birth of the protected person: _____

The protected person's social security number: _____

I am providing the Social Security number voluntarily. I understand that I cannot be forced to provide it or be denied consideration solely for failure to provide it. It may be used to verify the protected party's identification, employment information, and for collection of fees.

Has the protected person been found eligible for any public housing, health, or social services? Yes No

What agencies are providing services to the protected person?

AGENCY	CASE WORKER	PHONE

What income does the protected person have?

TYPE (check all that apply)	AMOUNT PER MONTH
<input type="checkbox"/> Wages (if protected person is employed)	\$
<input type="checkbox"/> SSI	\$
<input type="checkbox"/> Disability	\$
<input type="checkbox"/> Tribal Benefits	\$
<input type="checkbox"/> Spousal/Partner/ Child Support	\$
<input type="checkbox"/> Retirement (pension/401K/IRA)	\$
<input type="checkbox"/> Income from other sources (trusts, annuities, etc.)	\$
TOTAL MONTHLY INCOME	\$

Does the protected person have any bank accounts? Yes No

BANK	ACCOUNT #	BALANCE
		\$
		\$
		\$

Does the protected person own any real estate or any interest in real estate? Yes No
 (If "yes" provide description on last page of this form)

Does the protected person own any cars, trucks, boats, airplanes, or other vehicles? Yes No
 (If "yes" provide description on last page of this form)

Where is the protected party anticipated to live?

What monthly living expenses are anticipated the protected person will have?

Housing	\$
Food	\$
Transportation	\$
Medical Care	\$
Incidentals	\$
TOTAL EXPENSES	\$

SUMMARY

	YES	NO
Is the protected person receiving public benefits?		
Does the protected person have less than \$10,000 in assets?		
Does the protected person's monthly income exceed the protected person's monthly expenses by less than \$1,000?		

I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.

Date: _____

 (Signature)

Submitted by:

 Guardian's Name / Attorney for Respondent (Printed)

 Address or Contact Address City, State, Zip

 Telephone or Contact Telephone