

**Instructions to Request Reimbursement of Room and Board  
Expenses in Guardianship Proceedings  
Third Judicial District**

These forms are designed for guardians who are sharing a residence with the protected person, and the guardian (or guardian's spouse) is paying for the housing expense with his or her own funds. The guardian may request that the court allow payment for the protected person's share of the housing expenses through the protected person's estate. The court must allow the request for reimbursement before the guardian may begin deducting these funds from the protected person's estate. The forms required to make this request include:

- Motion to Allow Payment of Room and Board (MOTION)
- Declaration in Support of Motion for Payment of Room and Board (DECLARATION)
- Notice Regarding Time for Filing Objections (NOTICE)
- Proof of Service
- Order Approving Payment of Room and Board (ORDER)
- Certificate of Document Preparation

**STEP 1: Fill out the MOTION and DECLARATION**

Fill out the MOTION and DECLARATION completely, except the line where it states, "I certify this is a true copy." You will fill that in after copies are made.

**STEP 2: Prepare the Notice**

The guardian is required by law to provide notice of the motion to the following people:

- (1) The protected person
- (2) Any person who has filed a request for notice in the proceeding,
- (3) Any other fiduciary (such as conservator) who has been appointed for the protected person,
- (4) Any attorney who has represented the protected person at any time during the proceeding,
- (5) If the protected person is receiving money from the federal government through the Department of Veterans Affairs, notice must be provided to the representative of the regional office who has the responsibility of making payments to the protected person.

**STEP 3: Make copies and file the MOTION and DECLARATION**

Make one copy of the MOTION and DECLARATION for your records. Make another copy for each person you are required to provide notice to in Step 2. Sign your name on each copy where it says, "I certify this is a true copy."

#### **STEP 4: Provide the Required Notice**

Fill out the NOTICE except where it states, “I certify this is a true copy.” The date for filing objections must be at least 15 days after you mail copies of the MOTION, DECLARATION and NOTICE. Make a copy of the NOTICE for yourself, the protected person, and any other person you are required to give notice to. Sign the copies where it says, “I certify this is a true copy.” Send a copy of the NOTICE, MOTION and DECLARATION to each person you are required to provide notice to. Fill out the Proof of Service and sign it. Make a copy for your records.

#### **STEP 5: File Papers at the Courthouse**

File the original MOTION, DECLARATION, NOTICE, Proof of Service and Certificate of Document Preparation at the Courthouse. Wait until the deadline has expired for filing objections. Check back with the Probate Department to see if an objection has been filed.

#### **STEP 6: Court’s Decision**

If an objection is filed, the court may require that you appear at a status conference or a hearing to resolve the issue. If no objection is filed, you may file the ORDER form after you have filled in the case heading and the “Submitted by” section. You may also submit a self-addressed stamped envelope and the court will send you notice of its decision. Or, you may check back with the Probate Department to find out if the ORDER was signed.

1  
2  
3 IN THE CIRCUIT COURT OF STATE OF OREGON  
4 FOR THE COUNTY OF MARION  
5 Probate Department

6 In the Matter of the Guardianship of: ) Case No.: \_\_\_\_\_  
7 )  
8 \_\_\_\_\_, ) MOTION TO ALLOW PAYMENT  
A Protected Person. ) OF ROOM AND BOARD  
9 )

10 The Guardian in this matter moves the court pursuant to ORS 125.320(2) for an Order  
11 allowing reimbursement of room and board expenses incurred by the Guardian ☐ and/or  
12 the Guardian's Spouse, out of the Protected Person's estate, in the amount of \$ \_\_\_\_\_  
13 per month.

14 A declaration in support of this motion is attached.

15  
16  
17 Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

18  
19  
20 Submitted by:

I certify this is a true copy:

21 \_\_\_\_\_  
Name Bar No. (if any)

22 \_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

23 \_\_\_\_\_  
City, State, Zip

24 \_\_\_\_\_  
Telephone

25 \_\_\_\_\_  
Email Fax

1  
2  
3  
4 IN THE CIRCUIT COURT OF STATE OF OREGON  
5 FOR THE COUNTY OF MARION  
6 Probate Department  
7

8 In the Matter of the Guardianship of: ) Case No.: \_\_\_\_\_  
9 )  
10 ) DECLARATION IN SUPPORT OF  
\_\_\_\_\_, ) MOTION FOR PAYMENT OF  
A Protected Person. ) ROOM AND BOARD

11  
12  
13 STATE OF OREGON )  
14 ) ss.  
County of Marion )

15 I hereby declare that:

16  
17 1. I am the Guardian in this matter.

18 2. The Protected Person lives with me in my dwelling located at:

19 \_\_\_\_\_

20  
21 3. All other people who also live in the dwelling (include name, age and relationship to  
22 me):

23 \_\_\_\_\_

24 \_\_\_\_\_

25 \_\_\_\_\_

26 \_\_\_\_\_

27 \_\_\_\_\_

28 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. The total per MONTH expenses associated with the HOUSEHOLD are as follows:

☐ Rent ☐ Mortgage \$ \_\_\_\_\_

☐ There is no rent/mortgage. The assessed value is: \$ \_\_\_\_\_

Insurance, property taxes: \$ \_\_\_\_\_

Utilities (water/sewer, electricity, gas trash): \$ \_\_\_\_\_

Food for household: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total per month expenses for the household: \$ \_\_\_\_\_

5. The total per MONTH expenses attributed to the Protected Person are as follows:

☐ Rent ☐ Mortgage \$ \_\_\_\_\_

☐ There is no rent/mortgage. The assessed value is: \$ \_\_\_\_\_

Insurance, property taxes: \$ \_\_\_\_\_

Utilities (water/sewer, electricity, gas trash): \$ \_\_\_\_\_

Food for household: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total per month expenses attributed to the protected person is: \$ \_\_\_\_\_

6. The monthly room and board expense I am requesting for housing the Protected Person is: \$ \_\_\_\_\_.

I am requesting to deduct the amount in paragraph (6) out of the Protected Person's estate on a monthly basis beginning on : \_\_\_\_\_ (date) and continuing on the same date each month for as long as the Protected Person is living with me at the above address.

7. ☐ I have attached additional documents that support my request for room and board. *(For example, this may include documentation from the Social Security Administration or the Veteran's Administration approving the requested room and board amount.)*

8. Additional information I would like the court to consider in making a decision:

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9. I make this Declaration in support of my Motion to Allow Payment for Room and Board.

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.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

Submitted by:

\_\_\_\_\_  
Name Bar No. (if any)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Fax

I certify this is a true copy:

\_\_\_\_\_  
Signature

(Attach to court form you are filing)

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### **CERTIFICATE OF DOCUMENT PREPARATION**

You are required to truthfully complete this certificate regarding the document you are filing with the Court. Check all boxes and complete all blanks that apply:

☐ I selected this document for myself, and I completed it without paid assistance.

☐ I paid, or will pay, money to \_\_\_\_\_ for assistance in preparing this form/document.

\_\_\_\_\_  
(Signature)

1  
2  
3 IN THE CIRCUIT COURT OF STATE OF OREGON  
4 FOR THE COUNTY OF MARION  
5 Probate Department

6 In the Matter of the Guardianship of: ) Case No.: \_\_\_\_\_  
7 )  
8 \_\_\_\_\_, ) NOTICE REGARDING TIME  
A Protected Person. ) FOR FILING OBJECTIONS

9 NOTICE IS HEREBY GIVEN that on \_\_\_\_\_, the Guardian appointed in  
10 this case filed a motion to request reimbursement of room and board expenses from the  
11 Protected Person's estate. A copy of the motion and declaration are attached to this notice.

12 The name, address and telephone number of the guardian are:

13 \_\_\_\_\_  
14 Name

15 \_\_\_\_\_  
16 Address

17 \_\_\_\_\_  
18 City, State, Zip

19 \_\_\_\_\_  
20 Telephone Number

21 Any objections to the motion must be filed in the guardianship proceeding in the above  
22 court on or before \_\_\_\_\_ (date must be at least 15 days after  
23 mailing or delivery). Objections must be made in writing and delivered or mailed to:

24 Marion County Circuit Court  
25 Probate Department  
26 100 High St, NE  
27 PO Box 12869  
28 Salem, Oregon 97309

29 Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

30 I certify this is a true copy:

\_\_\_\_\_  
Signature



1  
2  
3 IN THE CIRCUIT COURT OF STATE OF OREGON  
4 FOR THE COUNTY OF MARION  
5 Probate Department  
6

7 In the Matter of the Guardianship of: ) Case No.: \_\_\_\_\_  
8 )  
9 \_\_\_\_\_, ) PROOF OF SERVICE  
A Protected Person. )

10  
11 I \_\_\_\_\_, hereby declare that I served the  
12 attached Notice Regarding Time for Filing Objections, Motion to Allow Payment of  
13 Room and Board and supporting declaration upon:  
14

15 \_\_\_\_\_  
Protected Person

\_\_\_\_\_  
Name

16 \_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to Protected Person

17 \_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address

18 \_\_\_\_\_  
City, State, Zip  
19  
20  
21

22 \_\_\_\_\_  
Name

\_\_\_\_\_  
Name

23 \_\_\_\_\_  
Relationship to Protected Person

\_\_\_\_\_  
Relationship to Protected Person

24 \_\_\_\_\_  
Address

\_\_\_\_\_  
Address

25 \_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip  
26  
27  
28

by depositing true copies thereof in the United States mail in \_\_\_\_\_,  
Oregon on \_\_\_\_\_ (date) enclosed in an envelope with first class  
postage to the last known address listed for each person above.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

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.

Submitted by:

\_\_\_\_\_  
Name Bar No. (if any)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Fax

1  
2  
3 IN THE CIRCUIT COURT OF STATE OF OREGON  
4 FOR THE COUNTY OF MARION  
5 Probate Department  
6  
7

8 In the Matter of the Guardianship of: ) Case No.: \_\_\_\_\_  
9 \_\_\_\_\_, )  
10 A Protected Person. ) ORDER REGARDING  
11 ) PAYMENT OF ROOM AND BOARD

12 This matter came before the Court upon Motion of the Guardian for reimbursement of  
13 room and board expenses from the Protected Person's estate.

14 The Court having reviewed the Motion and accompanying Declaration, and being fully  
15 advised, HEREBY ORDERS:

16 ☐ The motion is allowed. The Guardian may be reimbursed expenses associated with  
17 providing room and board to the Protected Person out of the Protected Person's  
18 estate in the amount of \$\_\_\_\_\_ per month, beginning on \_\_\_\_\_,  
19 and continuing monthly thereafter. This order shall remain in effect for as long as  
20 the Protected Person lives with the Guardian at the following address: \_\_\_\_\_  
21 \_\_\_\_\_.

22 ☐ The motion is denied.  
23  
24  
25 \_\_\_\_\_  
26  
27  
28

CERTIFICATE OF READINESS

I certify this proposed judgment/order is ready for judicial signature because:

☐ Service is not required under UTCR 5.100(1)(c) because the other party has been found in default or an order of default is being requested with this proposed judgment/order; because this judgment /order is submitted ex parte as allowed by statute or rule; or this judgment/order is being submitted in open court with all parties present.

☐ Each party affected by this judgment/order has stipulated to or approved the judgment/order, as shown by the signatures on the judgment/order, or by written confirmation sent to me.

☐ I have served (complete service section below) a copy of this judgment/order and the Notice of Proposed Judgment/Order to all parties entitled to service. And:

☐ No objection has been served on me within the 7-day time frame.

☐ I received objections that I could not resolve with the other party despite reasonable efforts to do so. I have filed with the court a copy of the objections I received and indicated which objections remain unresolved.

☐ After conferring about objections, the other party agreed to file any remaining objection with the court.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

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.

Submitted by:

\_\_\_\_\_  
Name Bar No. (if any)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax