

MARION COUNTY INDIGENT GUARDIANSHIP PROGRAM GUIDELINES

THE PROGRAM:

The Indigent Guardianship Program is designed to help indigent adults by providing funds to establish guardianships or hire guardians or both. As part of the application process, the court may defer or waive filing fees. The funds will be provided only for people who show compelling need for a guardian and financial need. Cases will be approved depending on available funding.

PEOPLE INVOLVED:

1. “Petitioner” is the person who files the petition for guardianship. Any person can be the petitioner.
2. “Respondent” is the person who may need the guardian.
3. “Protected Person” is a person for whom a guardian has been appointed.
4. An attorney represents the petitioner and files the necessary documents with the court. Any attorney can represent the petitioner in an indigent guardianship case.
 - a. The court will compile a list of attorneys willing to accept indigent guardianship cases under the compensation guidelines of this program. The court will simply compile the list. The court will make no warranties about the appropriateness of the people on the list.
5. “Court” is the Marion County Probate Court.
6. “Family Member” includes the spouse, same-gender domestic partner, custodial parent, non-custodial parent, adoptive parent, foster parent, biological parent, parent-in-law, parent of same-gender domestic partner, grandparent or grandchild, and any person with whom the respondent is or was in a relationship of in loco parentis. It also includes the biological, adopted, foster, or stepchild of a respondent, the child of a respondent’s same-gender domestic partner, or any other person related to the respondent by blood or through marriage.
7. “Guardian” is the person appointed by the court to act on behalf of a protected person.
 - a. Subject to limits set by the court, the guardian will decide where the protected person lives, arrange for the protected person’s physical care and safety, and consent to medical care for the protected person.
 - b. The guardian must file a report about the protected person with the court each year.
 - c. Any person the court determines to be appropriate and qualified can be appointed as the guardian in an indigent guardianship case.
 - d. The court will compile a list of professional fiduciaries willing to act as guardian under the compensation guidelines of this program. The court will simply compile the list. The court will make no warranties about the appropriateness of the people on the list.

8. “Visitor” means a person appointed by the court under ORS 125.150 for the purpose of interviewing and evaluating a respondent or protected person.
 - a. The court will compile a list of court visitors willing to act under the compensation guidelines of the Indigent Guardianship Program. The court will simply compile the list. The court will make no warranties about the appropriateness of the people on the list.

ELIGIBILITY:

1. The respondent must meet an indigent standard (***Income Limit: the income is the Federal Benefit Rate (FBR), which is \$735.00/mo. for an individual and \$1,103.00/mo. for a couple. Asset Limit: the countable resources must be less than \$2,000.00 for an individual or \$3,000.00 for a couple***). Essentially, this is an inability to pay for part or all the costs of the guardianship. If the Respondent is receiving SSI or Medicaid benefits, the Respondent automatically qualifies for this program with proof of the benefit award.
2. If the respondent or the respondent’s family can provide part of the funds, the court can approve partial eligibility. (For example, if the respondent has sufficient funds to pay the attorney and visitor fees, but cannot pay ongoing guardian fees, the fund could pay the guardian fees only.)
3. If a family member of the respondent is participating in the process (i.e., as the petitioner or guardian), the family member must also meet the indigence standard. (NOTE: family members cannot receive fees for acting as guardian)
4. The petitioner must describe what efforts have been made to obtain health care decision-making authority or appointment of a guardian through other means, or why those efforts were or would be unsuccessful or ineffective.
5. Existing guardianships are not eligible to be converted to indigent guardianships absent a significant change in circumstances and upon court approval.
6. Conservatorships and trusts are not eligible for this program.
7. The award of funds will be based upon the following factors:
 - a. The seriousness of the respondent’s medical, safety, or other physical needs;
 - b. The amount of money available in the fund;
 - c. The number of applicants;
 - d. Likely future need for funds based on existing indigent guardianships or other factors; and,
 - e. Any other factors the court considers relevant.
8. The court has final discretion to accept a case as an indigent guardianship.

PROCEDURE

1. When filing the petition for guardianship, in addition to complying with the requirements of ORS Chapter 125, the petitioner must also file a motion, declaration, and order (“the application”) requesting that the case be designated as an indigent guardianship and presenting facts to show that the case meets the guidelines to be so designated.
 - a. Application forms will be available.
2. The court determines whether the case will be accepted as an indigent guardianship based upon eligibility criteria set by the advisory committee, availability of funds, and the court’s final discretion. The court may issue preliminary approval pending determination of Respondent’s financial status.

The court will provide a copy of the Order Regarding Marion County Indigent Guardianship Fund Application and Motion for Waiver of Fees and Costs to Marion Co. Finance Department. The funds shall be deposited by the sponsor with Marion County Finance Department within seven days of being invoiced. Any unused funds related to a specific individual shall become generally designated to the sponsoring agency and available for refund upon request after thirty months from the date of approval of the Order Approving Application and Fee Waiver.

3. Even if the application is denied, the court may waive or defer the filing fees.
4. If the application is approved, the petition is handled as a normal guardianship petition.
5. With the completed visitor’s report, the visitor will submit to the court a motion and order for authorization of fees, subject to the compensation guidelines below. The court will sign an order approving the reasonable fees and directing the fund administrator to pay the visitor’s fees. Forms for approval of fees will be available.
6. Following the completion of the petition process, the attorney for the petitioner will submit to the court a motion, affidavit, and order for authorization of fees (without notice of time to object), subject to the compensation guidelines below. The court will sign an order approving the reasonable fees and directing the fund administrator to pay the attorney’s fees.
7. Following the filing of the annual guardian’s report or at the point in time where the cap is reached, the guardian (if entitled to compensation) will submit to the court a motion, affidavit, and order for authorization of fees, subject to the compensation guidelines below. The court will sign an order approving the reasonable fees and directing the fund administrator to pay the guardian’s fees. Forms for approval of fees will be available.

COMPENSATION (See the Fee Schedule included in the Indigent Fund Billing Guidelines)

**MARION COUNTY INDIGENT GUARDIANSHIP PROGRAM
BILLING PROCEDURES**

MARION COUNTY HEALTH DEPARTMENT:

1. The Court will send the signed **ORDER REGARDING MARION COUNTY INDIGENT GUARDIANSHIP FUND APPLICATION AND MOTION FOR WAIVER OF FEES AND COSTS** to the Marion County Finance Department, which will invoice the sponsor.
2. Attorneys, Court Visitors, and Guardians are to submit their bills using the Indigent Guardianship motion, declaration, and order, to the Marion County Probate Court for review and order for payment. The Court will send the order to the Marion County Finance Department, which will issue the check for reimbursement directly to the party requesting payment and provide a copy of the order to the sponsor.

NORTHWEST SENIOR AND DISABILITY SERVICES:

1. The Court will send the signed **ORDER REGARDING MARION COUNTY INDIGENT GUARDIANSHIP FUND APPLICATION AND MOTION FOR WAIVER OF FEES AND COSTS** to the Marion County Finance Department, which will invoice the sponsor.
2. Attorneys, Court Visitors, and Guardians are to submit their bills using the Indigent Guardianship motion, declaration, and order, to the Marion County Probate Court for review and order for payment. The Court will send the order to the Marion County Finance Department, which will issue the check for reimbursement directly to the party requesting payment and provide a copy of the order to the sponsor.

OREGON STATE HOSPITAL:

1. The Court will send the signed **ORDER REGARDING MARION COUNTY INDIGENT GUARDIANSHIP FUND APPLICATION AND MOTION FOR WAIVER OF FEES AND COSTS** to the Marion County Finance Department, which will invoice the sponsor.
2. Attorneys, Court Visitors, and Guardians are to submit their bills using the Indigent Guardianship motion, declaration, and order, to the Marion County Probate Court for review and order for payment. The Court will send the order to the Marion County Finance Department, which will issue the check for reimbursement directly to the party requesting payment and provide a copy of the order to the sponsor.

SALEM HOSPITAL:

1. The Court will send the signed **ORDER REGARDING MARION COUNTY INDIGENT GUARDIANSHIP FUND APPLICATION AND MOTION FOR WAIVER OF FEES AND COSTS** to the Marion County Finance Department, which will invoice the sponsor.
2. Attorneys, Court Visitors, and Guardians are to submit their bills using the Indigent Guardianship motion, declaration, and order, to the Marion County Probate Court for review and order for payment. The Court will send the order to the Marion County Finance Department, which will issue the check for reimbursement directly to the party requesting payment and provide a copy of the order to the sponsor.

**MARION COUNTY INDIGENT GUARDIANSHIP PROGRAM
PROCEDURE FOR PAYMENT OF PROFESSIONALS**

The fee limits for the program are as follows:

Role	Maximum Total Fee
Visitor	\$250 for “permanent” guardianship \$300 for “temporary” and “permanent” guardianship \$100 additional fee for supplemental report \$100 additional fee for hearing
Attorney for Guardian	\$800 for “permanent” guardianship \$1,000 for “temporary” and “permanent” guardianship \$200 additional fee for amended petition \$1,000 additional fee for hearing
Guardian	\$1,000
Attorney for Respondent/Protected Person	\$1,000 fee for hearing \$500/yr., not to exceed two years

Attorneys and Visitors should request fees when their responsibilities are completed. Guardians should request fees when they file the annual report after each anniversary of appointment, when the maximum fee has been earned, or when the guardianship terminates.

To request fees, file a motion and declaration for approval of fees, a proposed order approving the fees, and a completed W-9 (Marion County requires that a W-9 be filled out for any new vendor). Forms are available.

- Attach an itemization of time to the declaration.
- Keep track of all time for fees, even amounts exceeding the maximum fee.
- Show on the motion and declaration the regular cost of the services and the savings to the program.

No notice is required prior to submitting the order for the Court’s approval.

Please note these procedures may be updated semiannually.

Probate Office: (503) 588-5141.

MARION COUNTY INDIGENT GUARDIANSHIP FUND SPONSORSHIP FORM

Sponsoring entity: _____ (“Sponsor”)

Respondent sponsored: _____

On behalf of the sponsor, I agree that the sponsor will pay the Marion County Indigent Guardianship Fund for the following services, up to the maximum amounts indicated, that are approved by the Court:

Provider	Maximum Total Fee	Maximum Allowed
Visitor	\$250 for “permanent” guardianship \$300 for “temporary” and “permanent” guardianship \$100 additional fee for supplemental report \$100 additional fee for hearing	\$500
Attorney for Guardian	\$800 for “permanent” guardianship \$1,000 for “temporary” and “permanent” guardianship \$200 additional fee for amended petition \$1,000 additional fee for hearing	\$2,200
Guardian	\$1,000	\$1,000
Attorney for Respondent/ Protected Person	\$1,000 fee for hearing \$500/yr., not to exceed two years	\$2,000
Total		\$5,700

NOTE: If the sponsor agrees to pay for the fees associated with the indigent guardianship, the sponsor must agree to pay the maximum total of all provider services unless the provider agrees otherwise in writing, and that agreement is attached to this sponsorship form.

The sponsor will pay only the amount required based on the services provided (basic, temporary, hearing, or a combination). The deposit required depends on the type of guardian to be used and whether a temporary guardianship is necessary. Below are the four tiers of deposit.

Professional Guardian (yes or no)	Temporary Guardianship (yes or no)	Deposit
Yes	Yes	\$5,700
Yes	No	\$5,450
No	Yes	\$4,700
No	No	\$4,450

Any unused funds related to a specific individual:

shall become generally designated to the sponsoring agency and available for refund upon request after thirty months from the date of approval of the Order Approving Application and Fee Waiver.

-OR-

shall become designated to a general indigent fund (*without restriction as to agency*) after thirty months from the date of approval of the Order Approving Application and Fee Waiver and unavailable for refund.

Scope of employment for the attorney. The attorney's job is just to get the guardian appointed (or have the Court decide against that). These fees do not cover other legal issues beyond appointment, such as dealing with the state hospital, medical providers, or family members.

Dated:

By: _____
Printed: _____
Title: _____
Sponsor's name: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See **What is backup withholding?** on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

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IN THE CIRCUIT COURT OF STATE OF OREGON
FOR THE COUNTY OF MARION
Probate Department

In the Matter of the Guardianship of:) Case No.: _____
)
) MARION COUNTY INDIGENT
) GUARDIANSHIP FUND
_____,)
Respondent.) APPLICATION AND MOTION FOR
) WAIVER OF FEES AND COSTS
)
_____)

I have filed herewith a Petition for the appointment of a guardian for the Respondent named above. There are insufficient funds available to pay for the costs associated with bringing this matter before the Court. I ask the Court for an Order granting approval to have the costs of this case paid by the Marion County Indigent Guardianship Fund and to waive the fees and costs of this case for the following expenses (*mark expenses to be covered*):

- Waiver of court fees and costs
- Payment of Visitor from Marion County Indigent Guardianship Fund
- Payment of Attorney(s) from Marion County Indigent Guardianship Fund
- Payment of Guardian from Marion County Indigent Guardianship Fund

My Declaration in support of this request is submitted with the Application and Motion.

POINTS AND AUTHORITIES

ORS 21.682 provides the Court shall waive or defer all fees and costs in whole or in part if the Court finds the party is unable to pay such fees and costs.

Dated:

Signature of Petitioner

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Submitted by:

Name **Bar No. (if any)**

Address

City, State, Zip

Telephone

E-mail **Fax**

1 5. Describe what other efforts have been made to get funds to pay for the costs of
obtaining a guardianship for the Respondent: _____

2 _____
3 _____
4 _____

5 6. Is the Respondent a client of Senior Services, Mental Health, Disability Services, or
6 other State, County, or local agency? Yes No If yes, which agency or agencies? _____

7 _____
8 _____

8 7. Does the Respondent currently receive Medicaid or SSI benefits? Yes No

9 8. Is the Respondent currently employed? Yes No

10 **SECTION B – TO BE COMPLETED BY APPLICANTS WHO ARE A FAMILY
MEMBER OF THE RESPONDENT**

11 1. Your Full Name: _____ Phone: _____

12 2. Address, City, State, Zip: _____

13 3. Married Yes No

14 4. Your relation to the Respondent is: _____

15 5. Name and address of your spouse or nearest relative: _____

16 _____

17 6. Names, addresses, and ages of your dependent children and relationship of any other
18 dependents you are supporting: _____

19 _____
20 _____

21 7. Name and address of current employer (if none, write N/A): _____

22 _____
23 _____

24 (a) Monthly net pay: _____

25 8. Name and address of spouse's current employer (if no spouse or spouse has no
26 employer, write N/A): _____

27 _____
28 _____

(a) Monthly net pay: _____

29 9. List all other sources of income besides employment pay for yourself and your
30 spouse (if any): _____

31 _____
32 _____

1 10. List balance and name of bank for any bank accounts owned by you or your spouse
2 (if any): _____

3 _____
4 _____

5 11. List all other property or assets owned by you or your spouse (if any) and their value
6 (example - stocks, bonds, jewelry, furniture, etc.): _____

7 _____
8 _____

9 12. List the amount and name of debtor for money owed to you or your spouse (if any)
10 by others: _____

11 _____

12 13. List the nature and amount of your expenses and debts to others: _____

13 _____
14 _____
15 _____

16
17 **NOTE TO ALL APPLICANTS: Attach a copy of the sponsorship form from the
18 referring agency confirming payment authorization.**

19 The above information is true and I ask the Court to use this information to determine
20 whether this case can be approved for payment from the Marion County Indigent Guardianship
21 Fund, and for waiver of court fees and costs.

22 *I hereby declare that the above statement is true to the best of my knowledge and belief,
23 and that I understand it is made for use as evidence in court and is subject to penalty for
24 perjury.*

25 Dated:

26 _____
27 Signature of Petitioner (Applicant)
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Submitted by:

Name **Bar No. (if any)**

Address

City, State, Zip

Telephone

E-mail **Fax**

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Submitted by:

Name **Bar No. (if any)**

Address

City, State, Zip

Telephone

E-mail **Fax**

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

4 In the Matter of the Guardianship of:) Case No.: _____
5)
6 _____,) ORDER REGARDING MARION
7 Respondent.) COUNTY INDIGENT GUARDIANSHIP
8) FUND APPLICATION AND MOTION
9) FOR WAIVER OF FEES AND COSTS
10)

11 This matter came before the Court upon the Application and Motion of the Petitioner
12 for an Order granting approval to have all or part of the expenses of this case paid for by
13 the Marion County Indigent Guardianship Fund and to waive court fees and costs.

14 The Court having reviewed the Application and Motion, and the Declaration of the
15 applicant in support of this request, and being fully advised,

16 **IT IS HEREBY ORDERED** that Petitioner's Motion and Application is:

- 17 Denied
- 18 Provisionally granted pending verification of eligibility
- 19 Allowed for the following (*Judge to initial those items that are approved*):
- 20 _____ Court fees and costs are waived.
- 21 _____ Visitor's fees to be paid from Marion County Indigent Guardianship Fund.
- 22 _____ Petitioner's and/or Respondent's/Protected Person's Attorney's fees to be
23 paid from Marion County Indigent Guardianship Fund.
- 24 _____ Guardian's fees to be paid from Marion County Indigent Guardianship
25 Fund.

26 All approved amounts to be paid from the Marion County Indigent Guardianship
27 Fund will be based upon the fee guidelines of the Fund.
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Submitted by:

Name **Bar No. (if any)**

Address

City, State, Zip

Telephone

E-mail

Fax

1 **Certificate of Readiness (UTCR 5.100)**

2
3 The proposed Order or Judgment is ready for Judicial signature because:

4 Each opposing party affected by this order or judgment has stipulated to the order or
5 judgment, as shown by each opposing party's signature on the document being
6 submitted

7 Each opposing party affected by this order or judgment has approved the order or
8 judgment, as shown by the signature on the document being submitted or by written
9 confirmation of approval sent to me.

10 Each opposing party affected by this order or judgment, through their attorney,
11 has approved the order or judgment, as shown by signatures of their attorneys on the
12 document being submitted or by written confirmation of approval sent to me.

13 I have served a copy of this order or judgment on all parties entitled to service
14 and provided written notice of the seven (7) day objection period set out in
15 subsection (2)(a)(ii) of this rule and:

16 No objection has been served on me within that time frame.

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

20 After conferring about objections, [role and name of opposing party] agreed
21 to file any remaining objections with the court by [date], which predated my
22 submission.

23 The relief sought is against an opposing party who has been found to be in default.

24 An order of default is being requested with this proposed order or judgment.

25 Service is not required pursuant to subsection (3)(b) of this rule (uncontested
26 probate or protective proceeding).

27 This is a proposed judgment that includes an award of punitive damages and
28 notice has been served on the Director of the Crime Victim's Assistance Section as
required by subsection (1)(d) of this rule.

Signature

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

4 In the Matter of the Guardianship of:) Case No.: _____
5)
6 _____,) MOTION FOR APPROVAL OF
7 Respondent.) GUARDIAN'S FEES AND
8) DECLARATION IN SUPPORT
9) THEREOF
10)

11 The Guardian in this matter moves the Court for an Order approving and
12 authorizing payment of a Guardian's fee in the amount of \$_____ from the
13 Marion County Indigent Guardianship Fund, and declares as follows:

14 1. I am the Guardian in this matter and have provided valuable and necessary
15 services on behalf of the Protected Person.

16 2. I am not a family member of the Protected Person.

17 3. I am requesting approval of a Guardian's fee for the period from _____
18 (date) to _____ (date).

19 4. I am requesting approval of a fee in the amount of \$_____. (Not to
20 exceed \$1,000.00 when combined with all other guardian fees awarded in this
21 matter.)

22 The amount of this fee is calculated as follows:

23 Time spent on guardianship matter during this period: _____ hours

24 Hourly rate: \$ _____

25 Total requested fee: \$ _____

26 5. An itemization of the time I spent on guardianship matters during the period
27 covered by this request is attached to this Declaration. (Attach time itemization)

28 6. I last requested approval of a guardian's fee from the court on: _____
(date).

1 7. To the best of my knowledge, no funds of the protected person have been found
2 from which my fees could be paid.

3 8. My usual hourly rate for these types of matters is \$_____. If billed on a
4 "full-fee" basis, my requested guardian fee in this case would have been \$_____.

5 *I hereby declare that the above statement is true to the best of my knowledge and belief,*
6 *and that I understand it is made for use as evidence in court and is subject to penalty for*
7 *perjury.*

8 Dated:

9 _____
10 Signature of Guardian
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14 _____
15 Guardian

16 _____
17 Address

18 _____
19 City, State, Zip

20 _____
21 Telephone

22 Submitted by:

23 _____
24 Name Bar No. (if any)

25 _____
26 Address

27 _____
28 City, State, Zip

E-mail

Fax

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

4 In the Matter of the Guardianship of:) Case No.: _____
5)
6 _____,) ORDER APPROVING GUARDIAN'S
7 Respondent.) FEES
8 _____)
9)

10 This matter came before the Court upon the Motion of the Guardian for approval of a
11 Guardian's fee.

12 The Court having reviewed the Motion and accompanying Declaration, and being fully
13 advised, **HEREBY ORDERS:**

14 The Guardian's fee in the amount of \$ _____ is approved as reasonable;
15 and,

16 **IT IS FURTHER ORDERED:** that the administrator of the Marion County Indigent
17 Guardianship Fund is directed to disburse the amount of the approved fee to:

18 _____
19 _____ *(name and mailing address)*

20 for services as guardian for the Petitioner in this matter to be paid from the funds by: _____

21 _____
22 _____ *(name and address of sponsoring organization).*

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Submitted by:

Guardian

Address

City, State, Zip

Telephone

Submitted by:

Name **Bar No. (if any)**

Address

City, State, Zip

Telephone

E-mail **Fax**

1 **Certificate of Readiness (UTCR 5.100)**

2
3 The proposed Order or Judgment is ready for Judicial signature because:

4 Each opposing party affected by this order or judgment has stipulated to the order or
5 judgment, as shown by each opposing party's signature on the document being
6 submitted

7 Each opposing party affected by this order or judgment has approved the order or
8 judgment, as shown by the signature on the document being submitted or by written
9 confirmation of approval sent to me.

10 Each opposing party affected by this order or judgment, through their attorney,
11 has approved the order or judgment, as shown by signatures of their attorneys on the
12 document being submitted or by written confirmation of approval sent to me.

13 I have served a copy of this order or judgment on all parties entitled to service
14 and provided written notice of the seven (7) day objection period set out in
15 subsection (2)(a)(ii) of this rule and:

16 no objection has been served on me within that time frame.

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

20 after conferring about objections, [role and name of opposing party] agreed
21 to file any remaining objections with the court by [date], which predated my
22 submission.

23 The relief sought is against an opposing party who has been found to be in default.

24 An order of default is being requested with this proposed order or judgment.

25 Service is not required pursuant to subsection (3)(b) of this rule (uncontested
26 probate or protective proceeding).

27 This is a proposed judgment that includes an award of punitive damages and
28 notice has been served on the Director of the Crime Victim's Assistance Section as
required by subsection (1)(d) of this rule.

Signature of Guardian

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

4 In the Matter of the Guardianship of:) Case No.: _____
5)
6 _____,) MOTION FOR APPROVAL OF
7 Respondent.) VISITOR'S FEES AND DECLARATION
8) IN SUPPORT THEREOF
9)

10 The Visitor in this matter moves the court for an Order approving payment of a
11 Visitor's fee in the amount of \$_____ from the Marion County Indigent
12 Guardianship Fund, and declares as follows:

- 13 1. I am the court appointed Visitor in this matter.
14 2. I have prepared and submitted my report to the Court. I am requesting approval
15 of a fee in the amount of \$_____. *(Not to exceed \$250.00, or \$300.00 if*
16 *both a temporary and "permanent" guardianship were evaluated, unless a*
17 *supplemental report and/or a hearing was required. Requested fees for a*
18 *supplemental report may be an additional \$100.00 and requested fees for a hearing*
19 *may be an additional \$100.00.)*

20 The amount of this fee is calculated as follows:

21 Time spent on report: _____ hours

22 Hourly rate: \$ _____

23 Total requested fee *(not to exceed \$550.00)*: \$ _____

24 ///

25 ///

26 ///

27 ///

28 ///

1 3. An itemization of the time I have spent preparing my report is attached to this
2 Declaration. (*Attach time itemization*)

3 My usual hourly rate for these types of matters is \$_____. If billed on a
4 “full-fee” basis, my requested visitor fee in this case would have been in the amount of
5 \$_____.

6 *I hereby declare that the above statement is true to the best of my knowledge and belief,*
7 *and that I understand it is made for use as evidence in court and is subject to penalty for*
8 *perjury.*

9 Dated:

Signature of Visitor

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21 Submitted by:

22 _____
23 Visitor

24 _____
25 Address

26 _____
27 City, State, Zip

28 _____
Telephone

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Submitted by:

Visitor

Address

City, State, Zip

Telephone

Submitted by:

Name **Bar No. (if any)**

Address

City, State, Zip

Telephone

E-mail **Fax**

1 **Certificate of Readiness (UTCR 5.100)**

2

3 The proposed Order or Judgment is ready for Judicial signature because:

4 Each opposing party affected by this order or judgment has stipulated to the order or
5 judgment, as shown by each opposing party’s signature on the document being
6 submitted

7 Each opposing party affected by this order or judgment has approved the order or
8 judgment, as shown by the signature on the document being submitted or by written
9 confirmation of approval sent to me.

10 Each opposing party affected by this order or judgment, through their attorney,
11 has approved the order or judgment, as shown by signatures of their attorneys on the
12 document being submitted or by written confirmation of approval sent to me.

13 I have served a copy of this order or judgment on all parties entitled to service
14 and provided written notice of the seven (7) day objection period set out in
15 subsection (2)(a)(ii) of this rule and:

16 no objection has been served on me within that time frame.

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

20 after conferring about objections, [role and name of opposing party] agreed
21 to file any remaining objections with the court by [date], which predated my
22 submission.

23 The relief sought is against an opposing party who has been found to be in default.

24 An order of default is being requested with this proposed order or judgment.

25 Service is not required pursuant to subsection (3)(b) of this rule (uncontested
26 probate or protective proceeding).

27 This is a proposed judgment that includes an award of punitive damages and
28 notice has been served on the Director of the Crime Victim’s Assistance Section as
required by subsection (1)(d) of this rule.

Signature

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

4 In the Matter of the Guardianship of:) Case No.: _____
5)
6 _____,) MOTION FOR APPROVAL OF
7 Respondent.) ATTORNEY'S FEES AND
8) DECLARATION IN SUPPORT
9) THEREOF
10)

11 The attorney for Petitioner Respondent/Protected Person in this matter moves
12 the court for an Order approving payment of attorney fees in the amount of \$ _____
13 _____ from the Marion County Indigent Guardianship Fund, and declares as
14 follows:

15 1. I am the attorney for the Petitioner in this matter and have provided valuable and
16 necessary services on behalf of the protected person for which I am requesting
17 compensation.

18 2. I am requesting approval of a fee in the amount of \$ _____.

19 *(Attorney for Petitioner and/or Guardian: The total requested fee may not
20 exceed \$800.00, or \$1,000.00 if both a temporary and "permanent" guardianship
21 petitions were done, unless an amended petition and/or a hearing were required.*

22 *Requested fees for an amended petition may be an additional \$200.00 and requested
23 fees for a hearing may be an additional \$1,000.00.) (Attorney for*

24 *Respondent/Protected Person: The total requested fee may not exceed \$2,000.00,
25 consisting of \$1,000.00 if a hearing was required and \$500.00/year, not to exceed
26 two years.)*

27 The amount of this fee is calculated as follows:

28 Attorney time spent on guardianship matter: _____

Legal Assistant time spent on guardianship matter: _____

1 Attorney hourly rate: _____

2 Legal Assistant hourly rate: _____

3 3. An itemization of the time spent on this guardianship matter is attached to this
4 Declaration. (*Attach time itemization*)

5 4. The amount of the requested attorney fee was arrived at after consideration of the
6 customary fees in the community for similar services, the time spent, the attorney's
7 experience in guardianship matters, the skill displayed by the attorney, the amount of
8 responsibility assumed by the attorney in-connection-with the matter, and the fee
9 guidelines of the Marion County Indigent Guardianship Fund.

10 5. To the best of my knowledge no funds of the protected person have been found
11 from which my fees could be paid.

12 6. My usual hourly rate for these types of matters is \$_____. If billed on
13 a "full-fee" basis, my requested attorney fee in this case would have been \$_____.

14 *I hereby declare that the above statement is true to the best of my knowledge and belief,*
15 *and that I understand it is made for use as evidence in court and is subject to penalty for*
16 *perjury.*

17 Dated:

18 _____
Signature of Attorney

19
20 Submitted by:

21 _____
22 Name Bar No. (if any)

23 _____
Address

24 _____
City, State, Zip

25 _____
26 Telephone

27 _____
E-mail

Fax

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

4 In the Matter of the Guardianship of:) Case No.: _____
5)
6 _____,) ORDER APPROVING ATTORNEY'S
7 Respondent.) FEES
8 _____)
9)

10 This matter came before the Court upon the Motion of the Petitioner's
11 Respondent's/Protected Person's attorney for approval of fees.

12 The Court having reviewed the Motion and Declaration, and being fully advised,
13 **HEREBY ORDERS:**

14 Petitioner's Respondent's/Protected Person's attorney fees in the amount of
15 \$ _____ are approved as reasonable; and,

16 **IT IS FURTHER ORDERED:** that the administrator of the Marion County
17 Indigent Guardianship Fund is directed to disburse the amount of the approved fee to:

18 _____ (*name and mailing address*) for services as
19 attorney for the Petitioner Respondent/Protected Person in this matter to be
20 paid from the funds by: _____
21 (*sponsoring organization*).

22 _____
23 Submitted by:

24 Name _____ Bar No. (if any) _____

25 Address _____

26 City, State, Zip _____

27 Telephone _____

28 E-mail _____

Fax _____

1 **Certificate of Readiness (UTCR 5.100)**

2
3 The proposed Order or Judgment is ready for Judicial signature because:

4 Each opposing party affected by this order or judgment has stipulated to the order or
5 judgment, as shown by each opposing party’s signature on the document being
6 submitted

7 Each opposing party affected by this order or judgment has approved the order or
8 judgment, as shown by the signature on the document being submitted or by written
9 confirmation of approval sent to me.

10 Each opposing party affected by this order or judgment, through their attorney,
11 has approved the order or judgment, as shown by signatures of their attorneys on the
12 document being submitted or by written confirmation of approval sent to me.

13 I have served a copy of this order or judgment on all parties entitled to service
14 and provided written notice of the seven (7) day objection period set out in
15 subsection (2)(a)(ii) of this rule and:

16 no objection has been served on me within that time frame.

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

20 after conferring about objections, [role and name of opposing party] agreed
21 to file any remaining objections with the court by [date], which predated my
22 submission.

23 The relief sought is against an opposing party who has been found to be in default.

24 An order of default is being requested with this proposed order or judgment.

25 Service is not required pursuant to subsection (3)(b) of this rule (uncontested
26 probate or protective proceeding).

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