

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
THIRD JUDICIAL DISTRICT
Probate Department**

In the Matter of the Guardianship of:

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)
)
)
)

Case No. _____

**ACCEPTANCE OF APPOINTMENT
AS GUARDIAN**

Respondent.

I, _____, am nominated to serve as Guardian in this

matter. If appointed, I will accept said appointment and will fulfill the legal duties and obligations of that

position.

I understand that this matter has or will be approved for payment from the Marion County Indigent Guardianship Fund. I have familiarized myself with the current fee guidelines of the Fund and agree to accept compensation from the Fund on that basis.

I ☐ have ☐ have not ever been convicted of a crime.

I ☐ have ☐ have not ever filed for or received protection under the bankruptcy laws.

I ☐ have ☐ have not had a professional or occupational license revoked or cancelled that was required by the laws of any State for the practice of a profession or occupation.

Dated: _____

Signature of Nominated Guardian

Print/Type Name of Nominated Guardian

Submitted by:

Name Bar No. (if any)

Address

City, State, Zip

Telephone

E-mail Fax