

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

In the Matter of the Guardianship of:)
)
) Case No. _____
)
) **AFFIDAVIT IN SUPPORT OF**
) **MOTION FOR APPROVAL OF**
 _____) **ATTORNEY FEES**
)
 A Protected Person.)

STATE OF OREGON)
)
) ss.
 County of _____)

I hereby swear or affirm that:

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

2. I am requesting approval of a fee in the amount of \$_____. *(The total requested fee may not exceed \$500.00, or \$600.00 if both a temporary and "permanent" guardianship petition were done.)* The amount of this fee is calculated as follows:

Attorney time spent on guardianship matter:	_____	hours
Legal Assistant time spent on guardianship matter:	_____	hours
Attorney hourly rate (<i>not to exceed \$75.00/hour</i>):	\$_____	
Legal Assistant hourly rate (<i>not to exceed \$50.00/hour</i>):	\$_____	

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

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

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

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

7. I make this Affidavit in support of my Motion for Approval of Attorney Fees.

Signature of Attorney

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20_____.

Clerk/Notary/Judge
My Commission Expires: _____

Submitted by:

Name Bar No.

Address

City, State, Zip

Telephone

E-mail Fax