

**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 MARION**
) **COUNTY INDIGENT GUARDIANSHIP**
) **FUND APPLICATION AND/OR MOTION TO**
) **WAIVE FEES AND COSTS**
)

STATE OF OREGON)
) ss.
County of _____)

I hereby swear or affirm that I am or intend to be the Petitioner in the above matter and provide the Court the following information:

1. The Respondent has no or insufficient financial resources which could be utilized to pay for the expense of establishing a guardianship for the Respondent.
2. If I am related to the Respondent by blood or marriage, I have no or insufficient financial resources which could be utilized to pay for the expense of establishing a guardianship for the Respondent.
3. I have reviewed and am familiar with the eligibility requirements and the compensation guidelines for the Marion County Indigent Guardianship Fund.

SECTION A - TO BE COMPLETED BY ALL APPLICANTS

1. The source and amount of Respondent's income is: _____
2. Respondent's assets are (list type and value and include bank accounts, funds held by others, real estate, autos, stocks, etc.): _____
3. The nature and amount of Respondent's expenses are: _____
4. Describe the Respondent's current medical, physical and/or mental condition which necessitates the appointment of a Guardian: _____
5. Describe what other efforts have been made to obtain guardianship or other medical decision making authority for the Respondent: _____
6. Describe what other efforts have been made to get funds to pay for the costs of obtaining a guardianship for the Respondent: _____
7. Is the Respondent a client of Senior Services, Mental Health, Disability Services, or other State, County, or local agency? Yes No If yes, which agency? _____

8. Does the Respondent currently receive Medicaid or SSI benefits? Yes No
 9. Is the Respondent currently employed? Yes No

SECTION B - TO BE COMPLETED BY APPLICANTS RELATED TO THE RESPONDENT BY BLOOD OR MARRIAGE

1. Your Full Name: _____ Phone: _____
 2. Address, City, State, Zip: _____
 3. Social Security No. _____ Married: Yes No
 4. Your relation to the Respondent is: _____
 5. Name and address of your spouse or nearest relative: _____

 6. Name, address and age of your dependent children and relationship of any other dependents you are supporting: _____

 7. Name and address of current employer: _____ Monthly net pay: _____

 8. Name and address of spouse's current employer: _____ Monthly net pay: _____

 9. List all other sources of income besides employment pay for yourself and your spouse: _____

 10. List balance and name of bank for any bank accounts owned by you or your spouse: _____

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

 12. List the amount and name of debtor for money owed to you or your spouse by others: _____

 13. List the nature and amount of your expenses: _____

NOTE TO ALL APPLICANTS: Attach a copy of the letter or form from the referring agency confirming payment authorization.

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

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

Signature of Applicant

Submitted by:

Clerk/Notary/Judge
My Commission Expires: _____

Name Bar No. (if any)

Address

Telephone

City, State, Zip

E-mail Fax