

# FIDUCIARY BOND

Request for:  Issue  Pre-approval

Conservator  Guardian  
 Trustee  Personal Representative

Bond Requested from:

## Court Bonds

5727 SW Macadam / P.O. Box 69508  
Portland, OR 97239

Contact: Jenny Tuomi, CIC [jtuomi@jdfulwiler.com](mailto:jtuomi@jdfulwiler.com)  
(503) 977-5624 (800)632-6878  
fax (503)245-9188

**Please read before submitting this form:** Submitting this form to Court Bonds grants permission for a CREDIT REPORT to be obtained on the applicant using the information provided. A request for a bond is an agreement that will result in premium being charged to the party making the request and payment is due and payable upon receipt of the bond unless stated otherwise in the transaction. First year premiums are fully earned.  
*Thank you*

### ATTORNEY & BOND INFORMATION:

|                              |                               |
|------------------------------|-------------------------------|
| Firm: _____                  | Address: _____                |
| Attorney Name: _____         | City / State / Zip: _____     |
| Contact Person: _____        | E-Mail: _____                 |
| Phone: _____                 | Fax: _____                    |
| <b>BOND AMOUNT:</b> \$ _____ | <b>County / Case #:</b> _____ |

### APPLICANT INFORMATION:

|  |   |
|--|---|
| Name: _____                                | Relationship to Protected Person or Decedent: _____   |
| Address: _____                             | Occupation: _____   |
| City, State, Zip: _____                    | Annual Income: _____ Net Worth: _____   |
| Phone: _____                               | Date of Birth: _____  |
| Soc. Security # ( <b>required</b> ): _____ | Married <input type="checkbox"/> Single <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> |

### PROTECTED PERSON INFORMATION:

|   |
|---|
| Respondent Name: _____                  |
| Address: _____                          |
| City / State / Zip: _____               |
| Date of Birth: _____                    |
| Reason for Protective Proceeding: _____ |

### ESTATE INFORMATION:

|   |
|---|
| Name of Decedent: _____   |
| Date of Death: _____  |
| Is there a Will? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Who are the Heirs/Devises?: _____   |

### ASSETS OF THE PROTECTED PERSON OR THE ESTATE:

|                           |  |                           |
|---------------------------|--|---------------------------|
| Real Property: \$ _____   | Restricted? Yes <input type="checkbox"/> No <input type="checkbox"/> | Income: \$ _____          |
| Cash / Accounts: \$ _____ | Personal Property \$ _____   | Other (explain): \$ _____ |

### GENERAL INFORMATION & SIGNATURE (Required – Respond to all):

|  |   |
|--|---|
| <b>YES NO</b><br><input type="checkbox"/> <input type="checkbox"/> Has there ever been a prior bond for this case?<br><input type="checkbox"/> <input type="checkbox"/> Is the Applicant a debtor or creditor to the Estate?<br><input type="checkbox"/> <input type="checkbox"/> Are any of the assets connected to a business? | <b>YES NO</b><br><input type="checkbox"/> <input type="checkbox"/> Are the assets a result of an insurance claim?<br><input type="checkbox"/> <input type="checkbox"/> Has the applicant <i>ever</i> been convicted of a felony?<br><input type="checkbox"/> <input type="checkbox"/> Has the applicant <i>ever</i> filed bankruptcy? |
| The undersigned applicant hereby certifies that the information in the foregoing application is true. The undersigned further understands that they need to maintain legal representation for the duration of the subject matter as a condition of bonding.  |   |
| <b>APPLICANT SIGNATURE:</b> _____  | <b>DATE:</b> _____  |
| <b>PRINT NAME:</b> _____   |   |