

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
(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: _____
BOND AMOUNT: \$ _____	County / Case #: _____

APPLICANT INFORMATION:

Name: _____	Relationship to Protected Person or Decedent: _____
Address: _____	Occupation: _____
City, State, Zip: _____	Annual Income: _____ Net Worth: _____
Phone: _____	Date of Birth: _____
Soc. Security # (required): _____	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):

YES NO <input type="checkbox"/> <input type="checkbox"/> Has there ever been a prior bond for this case? <input type="checkbox"/> <input type="checkbox"/> Is the Applicant a debtor or creditor to the Estate? <input type="checkbox"/> <input type="checkbox"/> Are any of the assets connected to a business?	YES NO <input type="checkbox"/> <input type="checkbox"/> Are the assets a result of an insurance claim? <input type="checkbox"/> <input type="checkbox"/> Has the applicant <i>ever</i> been convicted of a felony? <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.	
APPLICANT SIGNATURE: _____	DATE: _____
PRINT NAME: _____	