FIDUCIARY BOND **Bond Preapproval** Issue Request for: (No Cost) Bond ☐ 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: Signature at the bottom of this form grants permission for Court Bonds to

BOND AMOUNT: \$	COUNTY:	Case #:
Firm:		Attorney Name:
Address:		Attorney Email:
City / State / Zip:		Legal Assistant Name:
Phone:		Assistant Email:
PLICANT INFORMATION:		
Name:		Relationship to Protected Person or Decedent:
Address:		Occupation:
		Annual Income: Net Worth:
		Check Box if Income & Net Worth are joint with Spou
		Date of Birth: Marital Status:
		Social Security # (Required)
OTECTED or INCAPACITATED	PERSON INFORMATION:	ESTATE INFORMATION:
Respondent Name:		Name of
Address:		Decedent:
City / State / Zip:		Date of Death:
Date of Birth:		Is there a Will? Yes No
Cause for Protective Proceeding	ng:	Who are the Heirs/Devisees?:
SETS OF THE PROTECTED P	PERSON OR THE ESTATE:	
Real Property: \$		Yes No Income: \$
		Other (explain): \$

Has there ever been a prior bond in this case? Is the applicant a debtor or creditor to the estate? Any assets resulting from insurance claim? Has the applicant ever been convicted of a felony?

Has the applicant *ever* filed bankruptcy? Is there a business of any kind involved in this case?

I understand it is a requirement of bonding that I must maintain attorney representation for the duration of this case as long as a bond is required. I also understand the first year premium is owing within Court Bonds' terms and fully earned even if the bond stays in place for less than 12 months. I have read, reviewed, and understand all of the above. All information provided is true and accurate. YES (This box must be marked for a bond to be issued)

APPLICANT INK SIGNATURE:	
	DATE:
DRINIT NIAME.	