

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

In the Matter of the Guardianship of: _____)
) Case No. _____
)
 _____) **ACCEPTANCE OF APPOINTMENT**
 Respondent.) **AS GUARDIAN**
)

I, _____, am nominated to serve as Guardian in this matter. If appointed, I will accept said appointment and will fulfill the legal duties and obligations of that position.

I understand that this matter has or will be approved for payment from the Marion County Indigent Guardianship Fund. I have familiarized myself with the current fee guidelines of the Fund and agree to accept compensation from the Fund on that basis.

I have have not ever been convicted of a crime.

I have have not ever filed for or received protection under the bankruptcy laws.

I have have not had a professional or occupational license revoked or cancelled that was required by the laws of any State for the practice of a profession or occupation.

Dated: _____

 Signature of Nominated Guardian

 Print/Type Name of Nominated Guardian

Submitted by:

 Name Bar No. (if any)

 Address

 City, State, Zip

 Telephone

 E-mail Fax