

Name, address and telephone number(s):	FOR COURT USE ONLY
MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> TRUST FOR:	
FIDUCIARY FEE DECLARATION	CASE NUMBER:

I, _____, declare as follows:

1. I am the _____ (*identifying information*). I have personal knowledge of the facts set forth in this declaration, and offer it in support of my request for payment of \$_____ to me as fees for services that I have provided (including time spent by declarant's assistants). This request is for the period beginning _____ and ending _____. I am also requesting approval of reimbursement for out-of-pocket expenses in the amount of \$_____, of which \$_____ has already been reimbursed.

2. **Rates for Services Charged.** Declarant's normal billing rate is \$_____ /hour. Declarant has staff that assists with services related to the conservator of the person and estate. Staff time is billed at \$_____ /hour. Services provided by staff included: _____
_____.

3. **Summary of Time Categories / Fees.** This declaration describes services provided by declarant (and any assistants). A total of _____ hours of services were provided, broken down as follows:

	<u>Total Hours</u>	<u>Hourly Rate</u>	<u>Total Fees</u>
a. Conservator / guardian of the person by declarant:	_____ Hrs	\$ _____	\$ _____
b. Conservator / guardian / trustee of the estate by declarant:	_____ Hrs	\$ _____	\$ _____
c. Conservator / guardian of the person by assistant: _____	_____ Hrs	\$ _____	\$ _____
d. Conservator / guardian / trustee of the estate by assistant: _____	_____ Hrs	\$ _____	\$ _____
e. Travel time by declarant:	_____ Hrs	\$ _____	\$ _____
f. Travel time by assistant:	_____ Hrs	\$ _____	\$ _____
TOTAL FEES:			\$ _____

<input type="checkbox"/> GUARDIANSHIP FOR:	<input type="checkbox"/> CONSERVATORSHIP	<input type="checkbox"/> TRUST	CASE NUMBER:
---	--	--------------------------------	--------------

4. **Summary of Services Provided.** The services for which I am now seeking compensation are summarized as follows (*provide attachment, if needed*):
- a. Services prior to appointment: _____

 - b. Initial petition: _____

 - c. Temporary petition and powers: _____

 - d. General administration (e.g., marshaling assets, preparation of the I&A, bill-paying, account reconciliation, investment decisions, accounting, fee declaration): _____

 - e. Conservatee's personal care. Who is providing the care? Who is supervising the care? _____

 - f. Change in residence: _____

 - g. Conservatee's healthcare: _____

 - h. Conservatee's family and friends: _____

 - i. Contested or complex issues: _____

 - j. Management of real property or business: _____

 - k. Sale of residence: _____

 - l. Substituted judgment / petition for instructions: _____

 - m. Agents hired / disclosure of relationships (if the conservator provided a service directly rather than hiring an agent, discuss the basis for this decision): _____

5. **Declarant's Travel Policy:** _____

6. Reimbursement of Out-of-Pocket Expenses: _____

7. Conclusion (include a discussion of the factors in California Rule of Court 7.756): _____

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on _____ in _____, California.

DATE

SIGNATURE