

ATTORNEY (Name, address and telephone #): STATE BAR NO: MARIN COUNTY SUPERIOR COURT 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	FOR COURT USE ONLY
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> TRUST FOR:	CASE NUMBER:
ATTORNEY FEE DECLARATION	

I, _____, declare as follows:

1. I am the attorney for _____. 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 associates and 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 declarant's representation of a fiduciary. 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. Declarant: _____	_____ Hrs	\$ _____	\$ _____
b. Declarant's associate: _____	_____ Hrs	\$ _____	\$ _____
c. Declarant's assistant: _____	_____ Hrs	\$ _____	\$ _____
TOTAL FEES:			\$ _____

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

a. Initial petition: _____

b. Temporary petition and powers: _____

c. General administration (e.g., marshaling assets, preparation of the I&A, preparation of General Plan and required Judicial Council forms, general advice, investment decisions, accounting, fee declaration): _____

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FOR:			

- d. Sale of residence: _____

- e. Sale of real or personal property: _____

- f. Management of real property or business: _____

- g. Contested or complex issues: _____

- h. Substituted judgment / petition for instructions: _____

- i. Accounting and fee petition: _____

5. If a paralegal is used, give facts to show compliance with Probate Code section 2642(a) and California Rule of Court 7.754:

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

7. Conclusion/Further Explanation or Justification: _____

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

 DATE

 ATTORNEY'S SIGNATURE