

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

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