



# Guardianship Association

## PRO BONO GUARDIANSHIP FORM

(This form is intended only for professional guardians selected from Judge Charles Greene's Pro Bono Wheel)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Guardianship File Number: \_\_\_\_\_

Date of Appointment as Guardian: \_\_\_\_\_

Are you currently serving as Guardian: \_\_\_\_\_ If no, date of discharge \_\_\_\_\_

### CERTIFICATION (check all that apply)

- I hereby certify to the best of my knowledge no assets were located in my ward's guardianship during the prior quarter to pay my guardian fees
- I hereby certify there are currently insufficient assets available in my ward's guardianship to pay my guardian fees
- I hereby certify I have not received any payment of fees for my services as guardian

\_\_\_\_\_/\_\_\_\_\_  
Guardian Signature                      Date

PLEASE SUBMIT YOUR FORMS BY THE END OF EACH QUARTER (i.e, March 31st, June 30th, Sept 30th, Dec 31st).

FORMS MUST BE SUBMITTED FOR EACH QUARTER THAT YOU ARE REQUESTING FUNDS

PLEASE EMAIL YOUR FORM TO: BCGA2400@GMAIL.COM