PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF	GUARDIANSHIP OF			
Case No.				
	APPLICATION FOR APPOINTED COU			
order approving payment of that I have received no co this application or which I	mpensation in connection we has been approved by the Co ed on any other application.	cated in the item ith providing repo ourt in a previous	ized statement on th resentation in this ca s application, nor hav	Court for an the reverse side hereof. I certify use other than that described in the version and expenses in this sion or I have performed all legal
As attorney for the	e ward, I was appointed on			This case
has/has not been terminat	ed. I am submitting this ap	plication on		, ·
Name:		Signature <u>:</u>		
Address:				
	SUMMARY OF H	OURS, EXPENSE	ES, AND BILLING	
Out-of-court hours	X (rate)	= \$_		
In-court hours	X (rate)	= \$_		
Total Fee	\$_			
Expenses	\$_	_		
-	Total amount requested	_		
	JU	DGMENT ENT	ΓRY	
	nat counsel performed the le	-		statement on the reverse side
IT IS THEREFORI	E ORDERED that counsel fe	es and expenses	be, and are hereby a	pproved, in the amount of
		Judge/N	Magistrate	

EXHIBIT A

				ITEMIZ	ZED FEE S	STATEMEN	IT				
OUT-OF-COURT HOURS							IN-COURT-HOURS				
Date of Service	Inter- views	Investi- gation	Research & Writing	Negotiation & Conferences	Travel	Out of Court Other	Total	Appoint- ment Hearing	Status Review Hearing	In Court Other	Total
TOTAL HOURS											
		ı	<u> </u>	1	<u> </u>	1	HRS: OUT		l	1	HRS: IN

^{*}NOTE: Time is to be reported in tenth of an hour (6-minute) increments.

I hereby certify that the following expenses were incurred:*

Use the following categories for type: (1) Experts (2) Postage/Phone (3) Records/Reports (4)Transcripts (5) Travel (6) Other

EXPENSE	TYPE	PAID TO	AMOUNT
		TOTAL	

^{*}To obtain reimbursement, the purpose of each expense must be clearly identified, and a receipt must be provided for each expenditure of \$1.00