## PROBATE COURT OF BUTLER COUNTY, OHIO

## IN THE MATTER OF GUARDIANSHIP OF

## Case No.

$\qquad$

## APPLICATION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSES (ward)

The undersigned, having been appointed counsel for an indigent ward, moves this Court for an order approving payment of fees and expenses as indicated in the itemized statement on the reverse side hereof. I certify that I have received no compensation in connection with providing representation in this case other than that described in this application or which has been approved by the Court in a previous application, nor have any fees and expenses in this application been duplicated on any other application. Either an attorney under my supervision or I have performed all legal services itemized in this application.

As attorney for the ward, I was appointed on $\qquad$
has/has not been terminated. I am submitting this application on $\qquad$
$\qquad$ .

| Name: |  | Signature: |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Address: |  |  |  |  |
| Out-of-court hours | SUMMARY OF HOURS, EXPENSES, AND BILLING |  |  |  |
|  | $0.00 \times$ (rate) | $\$ 40.00=$ | \$ | 0.00 |
| $\begin{array}{rr}\text { In-court hours } \\ \\ & \text { Tota } \\ & \end{array}$ | $0.00 \times$ (rate) | \$50.00 $=$ | \$ | 0.00 |
|  |  |  | \$ | 0.00 |
|  |  |  | \$ | \$0.00 |
|  | tal amount requ |  |  | \$0.00 |

## JUDGMENT ENTRY

The Court finds that counsel performed the legal services set forth on the itemized statement on the reverse side hereof, and that the fees and expenses set forth on this statement are reasonable.

IT IS THEREFORE ORDERED that counsel fees and expenses be, and are hereby approved, in the amount of $\$ 0.00$.

EXHIBIT A

| itemized fee statement |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| out-of.court hours |  |  |  |  |  |  |  | in.court-hours |  |  |  |
| Date of Service | Inter- <br> views | Investi- <br> gation | Research \& W riting | Negotiation \& Conferences | Travel | Out of Court Othe | Total | Appoint <br> ment <br> Hearing | Status Review Hearing | In Court other | Total |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
|  |  |  |  |  |  |  | 0.00 |  |  |  | 0.00 |
| total houns | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|  |  |  |  |  |  |  | Hes: out |  |  |  | Hes: 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 $\$ 1.00$

