

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF** \_\_\_\_\_

Alleged To Be Mentally Ill/Retarded

**CASE NO.** \_\_\_\_\_

**CERTIFICATE FOR ATTORNEY FEE**

[R.C. 2151.351 - .352 - 28.1]

**To the Auditor of said County:**

I, the undersigned Judge of the Court of Common Pleas, Probate Division, within and for said County, do hereby certify that \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

was assigned by the Court as Counsel for \_\_\_\_\_ in the above case.

WITNESS my hand and the seal of said Court, at

Hamilton, Ohio, this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Judge/Magistrate

By \_\_\_\_\_  
Deputy Clerk

Hamilton, Ohio, \_\_\_\_\_, \_\_\_\_\_

Butler County, Ohio, Dr.,

To \_\_\_\_\_ Attorney,

For service as Counsel for \_\_\_\_\_ assigned by the Court in

above entitled case..... \$ \_\_\_\_\_

\_\_\_\_\_  
Attorney

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**It is Hereby Certified:**

That the above stated services were performed and the fee charged is in accordance with the Provisions of the Revised Code (Sec. 5122.15) that the charges are reasonable and is approved by me for payment from the County Treasury on order of the County Auditor.

\_\_\_\_\_  
Judge/Magistrate

Note: See decision of the 9<sup>th</sup> District Court of Appeals requiring mental patients to have counsel.