

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

GUARDIANSHIP OF: _____

CASE NUMBER: _____

GUARDIAN WITH TEN OR MORE WARDS
ANNUAL FEE SCHEDULE

[Sup.R. 66.05(B)(3)]

I, the undersigned, currently serve as the Guardian to ten or more wards. I hereby submit to the Court the following fee schedule indicating guardianship service fees, legal fees, and other direct service fees incurred from serving as Guardian for said wards.

<u>Description of Fee or Expense</u>	<u>Fee Amount</u>	<u>Fee Amount</u>
<u>Guardianship Service Fees</u>		
<u>Legal Fees</u>		
<u>Other Direct Service Fees</u>		

[Attach additional pages if necessary.]

Attorney for Guardian

Street

City, State, Zip Code

Phone Number

Attorney Registration No.

Guardian's Printed Name

Guardian's Signature

Street

City, State, Zip Code

Phone Number