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.

DESCRIPTION SERVICES	FEES AMOUNT (Last Year)	FEES AMOUNT (This Year)
Guardianship Service Fees		
Legal Fees		
Other Direct Service Fees		

[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