PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

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 _____ , _____ . This case has/has not been terminated. I am submitting this application on _____ , _____ .

Name: _____ Signature: _____

Address: _____

SUMMARY OF HOURS, EXPENSES, AND BILLING

Out-of-court hours	0.00 X (rate)	$40.00 =	$	0.00
In-court hours	0.00 X (rate)	$50.00 =	$	0.00
Total Fees			$	0.00
Expenses			$	$0.00
Total amount requested				$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 .

_____
Judge/Magistrate

EXHIBIT A

ITEMIZED FEE STATEMENT											
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**
							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 HOURS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							HRS: OUT				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	$0.00

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