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

IN THE MATTER OF _____
Alleged To Be Mentally Ill

CASE NO. _____

CERTIFICATE FOR ATTORNEY FEE
[R.C. 2151.351 - .352]

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 (R.C. 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 9th District Court of Appeals requiring mental patients to have counsel.