

**COURT OF COMMON PLEAS
PROBATE DIVISION
TUSCARAWAS COUNTY, OHIO**

In the matter of the guardianship of _____ * Case No. _____
* **APPLICATION FOR**
* **ATTORNEY FEES IN**
* **A GUARDIANSHIP**

The undersigned attorney herein applies to the Court for approval of attorney's fees in the amount of \$_____ and reimbursement of expenses in the amount of \$_____ for the time period of _____ to _____.

A copy of my fee statement, complete with a description of services rendered by whom and the time incurred for each service, is attached.

I hereby attest that all services provided in this guardianship were in the best interest of the ward and provided benefit to the ward.

APPROVED: _____
Attorney's signature

Guardian Attorney's printed name

APPROVED: _____
Date

MAGISTRATE DAVID WORTH PROBATE JUDGE LINDA A. KATE