IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT PROBATE DIVISION

PLAINTIFF/PETITIONEF	₹:				
V.				CASE NO:	
DEFENDANT/RESPOND	DENT:			_	
IN RE:					
MOTION FOR AF	PROVAL OF PAY	MENT OF AP	POINTED CO	UNSEL FEES	AND EXPENSES
The undersigned having been ap and expenses as indicated in the representation in this case other have any fees and expenses in performed all legal services itemiz	itemized statement h than that described in this motion been d	nerein. I certify to n this motion or	hat I have receiv which has been	ved no compensa approved by the	ation in connection with providing e Court in a previous motion, nor
Periodic Billing (check if this is	a periodic bill)				
As attorney/guardian ad litem of r	This	This case was terminated and/or was			
disposed of on		I am submitting	this application	on	
Name		Sign	ature		
Address					Reg. No
No. and Street		City	State	Zip SSN.	/TAX ID No
Case Type	Client's Name				Party Designation
☐ Mentally III					Respondent
☐ Adult Protective Services					Respondent
Guardianship					
☐ Guardian ad Litem					
☐ Adoption					
*List only the three most serious char	ges beginning with the o	one of greatest se	verity and continui	ing in descending o	rder.
Grand Total Hours From Other Side:	OUT-OF-COURT	PRE-TRIAL HEARINGS	IN-COURT ALL OTHER IN-COURT	IN-COURT TOTA	AL GRAND TOTAL
	Rate	= \$ = \$	Tot. Fee Expense	s \$s s \$	Total \$
		JUDGMENT	ENTRY		
The court finds that counsel performed and expenses set forth on this sta			the itemized st	atement on the r	everse hereof, and that the fees
IT IS THEREFORE ORDERED the lt is further ordered that the said a					
☐ Extraordinary fees granted (co	opy of journal entry a	ttached) Jud	dge		Date

ereby ce	rtify that the	e followin	ng time v			ntation of the pa		ented:			
		IN-COURT						IN-COURT			1
ATE OF ERVICE	OUT-OF- COURT TOTAL	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT TOTAL	DAILY TOTAL	DATE OF SERVICE (continued)	OUT-OF- COURT TOTAL	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT TOTAL	DAILY TOTAL
			Со	ntinue at top of	next column.	GRAND TOTAL	ime is to be re	ported in t	tenth of an	hour (6 minute	e) incremer
the follow	ing categories	for type:	g expen (1) Expen	ses were inc ts, (2) Postage/	urred: Phone, (3) Reco	ords/Reports, (4) Tr	anscripts, (5)	Travel, (6)) Other	A.2.	THIO
TYPE	PAYE	:E								AM	OUNT

Clearly identify each expense and include a receipt for any expense over \$1.00. See Section (P)(1)(c) for privileged information.