IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT PROBATE DIVISION

PLAINTIFF/PETITIONER:

CASE NO: _____

v.

DEFENDANT/RESPONDENT:

IN RE: _____

MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSES							
The undersigned having been ap and expenses as indicated in the representation in this case other t have any fees and expenses in performed all legal services itemiz	itemized statement h han that described in this motion been d	erein. I certify to not in this motion or	hat I have recei which has beer	ved no compens n approved by th	sation in connection with provident of the court in a previous motion,	ding nor	
Periodic Billing (check if this is	a periodic bill)						
As attorney/guardian ad litem of re	ecord, I was appointe	ed on		This	case was terminated and/or v	vas	
disposed of on		I am submitting	this application	on			
Name		Sign	ature				
Address					C Reg. No		
No. and Street		City	State	Zip SSI	N/TAX ID No		
Case Type	Client's Name				Party Designation	_	
Mentally III	Ollent 3 Maine				Respondent		
Adult Protective Services					Respondent		
Guardianship							
Guardian ad Litem						_	
Adoption							
*List only the three most serious charg	ges beginning with the o	one of greatest sev	erity and continu	ing in descending	order.		
Grand Total Hours							
Grand Total Hours	OUT-OF-COURT	HEARINGS	IN-COURT	IN-COURT TOT	AL GRAND TOTAL		
From Other Side:							
	Pata	- ¢	Tot Coo	۰. ۴			
Hrs: In X R Hrs: Out X R	Rate	= \$ = \$	Tot. Fee Expense	es \$ es \$	Total \$		

JUDGMENT ENTRY

The court finds that counsel performed the legal services set forth on the itemized statement on the reverse 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 \$	
It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment.	_

Extraordinary fees granted (copy of journal entry attached)

CASE NO: _____

ATTORNEY/GAL:

ITEMIZED FEE STATEMENT

I hereby certify that the following time was expended in representation of the party represented:

			IN-COU	RT				IN-COURT			
DATE OF SERVICE	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
				ntinue at top o		GRAND TOTAL				hour (6 minute	

Continue at top of next column.

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

TYPE	PAYEE	AMOUNT

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