

**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 appointed counsel for the party represented moves this Court for an order approving payment of fees and expenses as indicated in the itemized statement herein. I certify that I have received no compensation in connection with providing representation in this case other than that described in this motion or which has been approved by the Court in a previous motion, nor have any fees and expenses in this motion been duplicated on any other motion. I, or any attorney under my supervision, have performed all legal services itemized in this motion.

Periodic Billing (*check if this is a periodic bill*)

As attorney/guardian ad litem of record, I was appointed on _____. This case was terminated and/or was disposed of on _____. I am submitting this application on _____.

Name _____ Signature _____

Address _____ OSC Reg. No. _____
No. and Street City State Zip SSN/TAX ID No.

Case Type	Client's Name	Party Designation
<input type="checkbox"/> Mentally Ill		Respondent
<input type="checkbox"/> Adult Protective Services		Respondent
<input type="checkbox"/> Guardianship		
<input type="checkbox"/> Guardian ad Litem		
<input type="checkbox"/> Adoption		

**List only the three most serious charges beginning with the one of greatest severity and continuing in descending order.*

Grand Total Hours From Other Side:	OUT-OF-COURT	IN-COURT		GRAND TOTAL
		PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	
			IN-COURT TOTAL	

Hrs: In _____ X Rate _____ = \$ _____ Tot. Fees \$ _____
Hrs: Out _____ X Rate _____ = \$ _____ Expenses \$ _____ 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) Judge _____
Signature Date

CASE NO: _____

ATTORNEY/GAL: _____

ITEMIZED FEE STATEMENT

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

DATE OF SERVICE	OUT-OF-COURT TOTAL	IN-COURT			DAILY TOTAL
		PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT TOTAL	

Continue at top of next column.

DATE OF SERVICE (continued)	OUT-OF-COURT TOTAL	IN-COURT			DAILY TOTAL
		PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT TOTAL	
GRAND TOTAL					

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.