

IN THE PROBATE COURT OF MIAMI COUNTY, OHIO

IN THE MATTER OF

\_\_\_\_\_

CASE NO. \_\_\_\_\_

APPLICATION FOR  
INDIGENT PAYMENT OF  
ATTORNEY FEE

The undersigned having been previously appointed counsel moves the Court for an order approving payment of fees and expenses as indicated below and on attached itemized statement.

Date of appointment \_\_\_\_\_

Hours Worked: In Court \_\_\_\_\_

Hours Worked: Out of Court \_\_\_\_\_

Attorney Fees \_\_\_\_\_

Expenses \_\_\_\_\_

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Firm Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

ENTRY

The Court finds that counsel performed the legal services set forth on attached itemized statement; and the fees and expenses are reasonable and are in accordance with the Miami County Probate Rules of Court

It is ordered that fees and expenses be approved and paid from Indigent Guardianship Fund pursuant to O.R.C. 2111.51.

Amount allow by Court \_\_\_\_\_

\_\_\_\_\_  
Probate Judge