

**PROBATE COURT OF FAIRFIELD COUNTY, OHIO
TERRE L. VANDERVOORT, JUDGE**

**ESTATE OF _____, DECEASED
CASE NO. _____**

**CONSENT TO PAYMENT OF ATTORNEY FEES
[MUST BE INCLUDED WITH ANY APPLICATION FOR
ATTORNEY FEES THAT IS OVER 50% OF THE
RECOMMENDED GUIDELINES SET FORTH IN APPENDIX B]**

I am an heir or beneficiary whose distribution from the estate would be affected by the payment of attorney fees. I consent to payment of \$_____ to the attorney as fees for professional legal services rendered in this case.

Heir or Beneficiary

Typed or Printed Name