

**IN THE COURT OF COMMON PLEAS OF FAIRFIELD COUNTY, OHIO**  
**PROBATE DIVISION**  
TERRE L. VANDERVOORT, JUDGE

**GUARDIANSHIP OF** \_\_\_\_\_

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

**APPLICATION FOR AUTHORITY TO PAY ATTORNEY FEES**  
Indigent Guardianship

The Applicant provided legal services that were beneficial to the Guardian and the ward, and requests the Court to authorize the Guardian to pay the Applicant the legal fees stated in this Application. The proposed fee complies with the Local Rules.

The amount of the attorney fee requested in this Application is \$ \_\_\_\_\_. An itemized hourly billing statement, in compliance with Local Rule 71.1(D), accompanies this Application to substantiate the requested fee.

A proposed Entry (FC Form 71.3-D) also accompanies this Application.

\_\_\_\_\_  
Applicant-Attorney for Guardian

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

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City State Zip

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Telephone Number (include area code)

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Telephone Number (include area code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Attorney Registration No. \_\_\_\_\_