

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

**APPLICATION FOR FEES
(Including Attorney's Fees)
(R.C. 2111.51)**

The undersigned hereby states that the fees shown below are necessary and reasonable for services associated with the establishment, opening, maintenance, or termination of a guardianship for an indigent ward, and reflect a true and accurate accounting of the services performed.

Date	Service	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL..... \$ _____

Applicant/ Attorney's Signature

Applicant/Attorney's Name Type or Printed

Address

City State Zip

Phone Number (Include area code)

Email Address

**PROBATE COURT OF SUMMIT COUNTY, OHIO
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GUARDIANSHIP OF _____

CASE NO. _____

**JUDGMENT ORDER
(R.C. 2111.51)**

Pursuant to the Affidavit filed by the applicant, the Court hereby finds that the ward/proposed ward is indigent and Orders that a fair and reasonable payment be allowed to:

(Name)

(Address)

For the following services: _____

IT IS HEREBY ORDERED that the Fiscal Office of Summit County, Ohio pay \$_____the sum of for services rendered and charge said expenditure to Probate Account Number 28665-2215-60504, Guardianship Expense Fund. In the event the Guardianship acquires assets, the Guardian shall reimburse the Guardianship Expense Fund for this amount.

IT IS SO ORDERED.

JUDGE ELINORE MARSH STORMER