APPENDIX E
PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION FOR ATTORNEY FEES

DATE	SERVICE PERFORMED	BY WHOM	TIME EXPENDED	RATE	AMOUNT

RECAPITULATION: TOTAL HOURLY FEES $_____

$_____ Hourly Fees

$_____ TOTAL REQUESTED THIS APPLICATION

$_____ Prior Fees taken (includes fees from prior accounts, land sales, etc.)

$_____ TOTAL FEES

I have read and understand the Application for Attorney Fees, and I submit they are necessary and reasonable for the administration of the estate, and reflect a true and accurate accounting of the services I have performed.

_____
Attorney

Form ES.9

CASE NO._____

CONSENT TO ATTORNEY FEES BY FIDUCIARY

I have read and understand the Application for Attorney Fees, and I submit they are necessary and reasonable for the administration of the estate, and reflect a true and accurate accounting of the services the attorney has performed.

_____
Fiduciary

NOTICE

TO THE FOLLOWING PERSONS:

_____	_____
	_____
_____	_____
	_____
_____	_____
	_____
_____	_____
	_____

YOU ARE HEREBY NOTIFIED THAT AN APPLICATION FOR ATTORNEY FEES was filed in this Court by _____, on _____, 20___.

The application will be for hearing before this Court, at the Summit County Court House, 209 S. High Street, Akron, Ohio, on _____, 20___ , at _____ ___M.

_____
Attorney