

**PROBATE COURT OF GREENE COUNTY, OHIO**  
**THOMAS M. O'DIAM, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

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

**APPLICATION FOR AUTHORITY TO PAY ATTORNEY FEES**  
[Local Rule 71.2]

The Applicant provided legal services that were beneficial to the Fiduciary and the estate, and requests the Court to authorize the Fiduciary to pay the Applicant the legal fees stated in this Application. The proposed fee is consistent with the written fee agreement between the Fiduciary and the Applicant, and complies with the Local Rules. The Applicant has provided a copy of and explained this Application to the Fiduciary before filing it with the Court. A proposed Entry (GC Form 71.2-B) and a completed Attorney Fee Guideline (GC Form 71.2-C) accompany this Application.

Attorney Fee Requested This Application: \$ \_\_\_\_\_

Prior Attorney Fees Paid: \$ \_\_\_\_\_

Proposed Fee: \$ \_\_\_\_\_

This fee application is for:  full and final payment of all services rendered  
 partial payment: a good faith estimate of the work completed to date is \_\_\_\_\_%

Check appropriate box below (check only one):

- The proposed fee does not exceed the fee computed under the Guideline.
- The proposed fee exceeds the fee computed under the Guideline by 25% or less. An itemized hourly billing statement and a summary narrative explaining the unique circumstances of this case justifying a higher fee accompany this Application. The Fiduciary's consent (GC Form 71.2-D) also accompanies this Application.
- The proposed fee exceeds the fee computed under the Guideline by more than 25%, but not more than 50%. An itemized hourly billing statement and a summary narrative explaining the unique circumstances of this case justifying a higher fee accompany this Application. The Fiduciary's consent (GC Form 71.2-D) and the consent of each heir or beneficiary whose distribution the fee affects (GC Form 71.2-E) also accompany this Application.
- One or more of the consents required under Local Rule 71.2(G) are not available. An itemized hourly billing statement and a summary narrative explaining the unique circumstances of this case justifying a higher fee accompany this Application. The Applicant understands that the Court may set the matter for a hearing.
- The proposed fee exceeds the fee computed under the Guideline by more than 50%. An itemized hourly billing statement and a summary narrative explaining the unique circumstances of this case justifying a higher fee accompany this Application. The Applicant understands that the Court may set the matter for a hearing.

\_\_\_\_\_  
Attorney for Fiduciary

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number (include area code)

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

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