

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____

CASE NO. _____

APPLICATION-COMPUTATION OF GUARDIAN FEES

ACCOUNTING PERIOD OF _____ 20____ TO _____ 20____

I.	INCOME FOR ACCOUNTING PERIOD	\$ _____
	5% of first \$100,000	_____
	3% of balance	_____
	Total	\$ _____
II.	AUTHORIZED EXPENDITURES	\$ _____
	5% of first \$100,000	_____
	3% of balance	_____
	Total	\$ _____
III.	TOTAL ORDINARY FEES	\$ _____
IV.	EXTRAORDINARY FEES (Itemize and attach time records)	\$ _____
V.	TOTAL FEES REQUIRED	\$ _____
VI.	MINIMUM ANNUAL FEE	\$ _____ 300.00
VII.	GREATER OF "V" OR "VI"	\$ _____
VIII.	TOTAL FEES REQUESTED	\$ _____

I have read and understand the above computation of fees, and submit they are necessary and reasonable for the administration of the guardianship for which I am guardian. I, therefore, request the Court's approval of payment of those fees from the assets of the said guardianship.

Attorney for Guardian

Guardian

MAGISTRATE

DISPOSITION