

**PROBATE COURT OF LICKING COUNTY, OHIO**  
**ROBERT H. HOOVER, JUDGE**

Additional room here for extra long name

**IN THE MATTER OF THE ESTATE OF** Full name of decedent

**CASE NO.** D case number

**APPLICATION OF PAYMENT OF ATTORNEY FEES**

The undersigned states that:

Legal services have been provided to the Executor/Administrator of the above estate and compensation is now due in the amount of \$\_\_\_\_\_, according to the fee agreement filed with the Court.

The fee is computed as follows: (attach copy of billing, if fee is based on an hourly fee)

SEE ATTACHED STATEMENT.....

\_\_\_\_\_ The final account is attached to this Application for filing (if the attorney has not been delinquent in administrating this estate; if the fee is in accordance with the written fee agreement, and if the required approval of the residual beneficiaries has been obtained, it may be assumed that the fee will be approved, and the amount may be paid and included in the final account.)

\_\_\_\_\_ The final account has been prepared and will be filed on or before \_\_\_\_\_.

\_\_\_\_\_ Check if attorney and/or fiduciary has been delinquent in filing the inventory and/or amounts required by R.C. 2109.30, and have received a citation from the Court.

**APPROVED:**

\_\_\_\_\_ Check if Executor/Administrator is sole beneficiary.

\_\_\_\_\_  
Executor/Administrator  
Fid full name                      co full name

\_\_\_\_\_  
Attorney for Executor/Administrator  
A full name