

[Reverse of Form 18.9]

CASE NO. 2003ABCD

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this _____ day of _____, _____, that this accounting is true and accurate.

Attorney or Agency

A full name

Typed or Printed Name

1234 Atty St.

Address

Dayton, Ohio 45678

City

State

(937) 321-2345

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this _____ day of _____,

Petitioner

New dad full name

Petitioner

New mom full name

A & B, Attorneys at law

By: _____

A full name

1234 Atty St.

Dayton, Ohio 45678

Reg. # 1234567