

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
 \_\_\_\_\_, JUDGE

**GUARDIAN WITH TEN OR MORE WARDS  
 ANNUAL FEE SCHEDULE**  
 [Sup.R. 66.05 (B)(3)]

I, the undersigned, currently serve as the Guardian to ten or more wards. I hereby submit to the Court the following fee schedule indicating guardianship service fees, legal fees, and other direct service fees incurred from serving as Guardian for said wards.

Description of Fee or Expense	Fee Amount (Last Year)	Fee Amount (This Year)
Guardianship Service Fees		
Legal Fees		
Other Direct Service Fees		

[Attach additional pages if necessary.]

\_\_\_\_\_  
 Attorney for Guardian

\_\_\_\_\_  
 Guardian's Printed Name

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 Guardian's Signature

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

\_\_\_\_\_  
 Street

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

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

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

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