STATE OF WISCONSIN **CIRCUIT COURT** **MILWAUKEE COUNTY** **PROBATE JURISDICTION**

_____
IN THE MATTER OF

Affidavit regarding fees and expenses due from Milwaukee county

_____ , FILE NO. _____

_____ , being first duly sworn, on oath deposes and says, that s/he was duly appointed on _____ by the circuit court to appear for _____ as _____ in the above entitled action for proceeding in such court; that as such appointee s/he was necessarily occupied in preparing for trial of said case _____ (hours) (days) (half days) on _____ , 20 _____ , and was actually occupied in the trial of said case _____ (hours) (days) (half days) on _____ , 20 _____ ; that his/her actual expenses by statue were as follows:

TYPE OF PROCEEDING AND RELATED FEES

CODES		FEES
042	Civil Commitment	_____
033	Guardianship	_____
011	Temporary Guardianship	_____
0341	Conservatorship	_____
0341	Guardianship and Placement	_____
0341	Placement on Prior Guardianship	_____
	Annual Review of Placement	_____
034	• Summary Hearing	_____
0342	• Full Hearing	_____
821	• Contest	_____
_____	Other (Specify) _____	_____

SEE ITEMIZED STATEMENT ATTACHED (IN TRIPLICATE)

that pursuant to statute s/he hereby makes claim against the County of Milwaukee for compensation upon order of the above named court and that s/he has not previously been paid nor made claim for any part thereof;

Subscribed and sworn to before me this _____ _____
(Signature)

day of _____ , 20 _____ .

IRS#			-								

_____
(Notary Public)

S.S.#			-				-				

My Commission Expires: _____

ORDER FOR PAYMENT OF COMPENSATION

Upon the records and files in the above proceedings, the forgoing affidavit, and the proceedings therein, and the above named court having made the appointments set forth in the affidavit and being duly advised in the promises, the court hereby certifies that the sum of $ _____ is allowed as compensation for said appointee for the legal services provided; and

IT IS ORDERED THAT the County of Milwaukee, Wisconsin, pay said sum to individual/firm:

_____
NAME ADDRESS

Dated this _____ day of _____ , 20_____ .

ACCOUNT DISTRIBUTION			
AGENCY	ORG#	OBJECT	AMOUNT
200	2690	6106	
200	2690	6108	
200	2690	6111	

CIRCUIT COURT OF MILWAUKEE COUNTY

BY: _____
Circuit Judge/Probate Court Commissioner

APPROVED FOR PAYMENT BY:

_____
Authorized Signature

ORIGINAL (WHITE): DOA, ACCOUNTS PAYABLE SIGNED DUPLICATE (CANARY): CASE FILE TRIPLICATE (PINK): DEPARTMENT FILE

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