

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ESTATE OF
GUARDIANSHIP OF _____ INCOMPETENT
TRUST OF _____ , DECEASED
CASE NO. _____

CLAIM OF WITNESS FEE

The undersigned made an appearance on the _____ day of _____, 20 ____, as a witness in the above matter and hereby applies for a statutory witness fee.

Days: _____

Mileage: _____

Date: _____

Signature

Printed Name

Address

City, State, Zip

Telephone

ENTRY

The claim for a witness fee is hereby approved and ordered paid in the amount of \$ _____ to the above named person.

APPROVED BY:

Fiscal Officer