

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, JUDGE**

GUARDIAN'S NAME \_\_\_\_\_

**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)
Guardian Service Fees		
Legal Fees		
Other Direct Service Fees		

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

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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Typed or Printed Name

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

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Attorney's Registration No.

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