

**AFFIDAVIT AND ORDER FOR
PAYMENT OF FEES**

DOB: _____

Case No: _____

AFFIDAVIT

STATE OF WISCONSIN)
) ss
WASHINGTON COUNTY)

The undersigned, being duly sworn states that he/she accepted appointment:

- as Guardian ad Litem for _____;
- as adversary counsel for _____;
- I did not accept appointment at the rate set in Sec. 977.08(4m), but did accept appointment at the rate set in SCR 81.02.

Attached hereto is an itemized statement of the time spent on the above matter for which payment is requested.

Subscribed and sworn to before me
this ____ day of _____, 20____.

Name of Attorney

Notary Public, State of Wisconsin
My Commission Expires: _____

ORDER

Proof having been made to the Court that time was spent as itemized in the statement(s) attached hereto and that said fees are found to be reasonable,

IT IS ORDERED, that the Clerk of this Court shall make payment to _____ as follows for:

- \$_____ fees for serving as Guardian ad Litem in the above matter,
- \$_____ fees for serving as adversary counsel in the above matter,
- If the ward has sufficient assets, the guardian shall reimburse the County for the fees paid. If the ward has insufficient assets, such reimbursement shall be made from the ward's social security, veteran's benefits, pension or any other income prior to the determination of medical assistance.
- The Petitioner in this action must reimburse Washington County for any Guardian ad Litem fees paid, which are in excess of the amount deposited at the time of filing the Petition.
- The Subject of this action must reimburse Washington County for any fees paid.
- The parties to this action may be required to reimburse Washington County for any fees paid.

BY THE COURT:

Name Typed

Date