

STATE OF WISCONSIN CIRCUIT COURT MILWAUKEE COUNTY

In the Matter of the Guardianship
and/or Protective Placement of

**Petition and Order for
Payment of Fees**

Case No. _____

I petition the Court for payment for services as guardian ad litem. court-appointed attorney.

A true and correct **statement of services rendered is attached**. The subject:

- has a guardian of estate. *
- has an agent under a durable power of attorney for finances. *
- is a nursing home resident, has monthly income other than Supplemental Security Income in sum of \$_____ that is above the Federal Poverty Income Guideline's monthly amount, receives Medical Assistance or Family Care and does not have a community spouse receiving less monthly income than the income allowance that may be allocated to the community spouse for monthly maintenance. **A Fact Sheet is attached.** **
- has other sources for private pay: _____
- has no funds available to pay requested fees.

I request approval and payment of fees in the amount of \$_____.

- from ward's income or assets by guardian of estate agent under durable power of attorney for finances.
- from ward's income by nursing home.
- from other source of private pay specified above.
- by Milwaukee County in that no private pay funds are available to pay requested fees.

Signature

Name Printed or Typed

Date

ORDER

IT IS ORDERED that the above requested attorney's fees are approved in the amount of \$_____ and shall be paid to the above-named attorney **within 60 days of the date of this order**:

- from ward's income or assets by guardian of estate agent under durable power of attorney for finances. If there are no funds available, the guardian or agent shall report this to the court within 30 days of this order, and the fees shall then be paid by Milwaukee County.
- from the ward's income by nursing home, prior to determination of Medical Assistance or Family Care for ward who is a nursing home resident, receives income other than SSI above Federal Poverty Income Guideline's monthly amount, receives Medical Assistance or Family Care, and does not have a community spouse receiving less monthly income than income allowance that may be allocated to community spouse for monthly maintenance. **
- from other source for private pay specified in petition.
- by Milwaukee County in that private pay funds are not available to pay requested fees and subject is determined to be indigent, upon filing an Affidavit regarding fees and expenses due from Milwaukee County.

DISTRIBUTION:

Court

* Guardian of Estate/ Agent under Power of Attorney for Finances

** Nursing Home and Income Maintenance Caseworker (forwarded by Nursing Home)

BY THE COURT:

Name of Attorney	
Address	
Telephone Number	Bar Number

Court Official

Name Printed or Typed

Date