

Superior Court of the District of Columbia
PROBATE DIVISION

_____ INT/IDD _____

In re:

An Adult

PETITION FOR COMPENSATION OF VISITOR OR EXAMINER

I, _____, was appointed (Visitor / Examiner) in the above-captioned proceeding on _____ and request compensation in the total amount of _____. I expended _____ hours at an hourly rate of \$_____ as follows:

STATEMENT OF SERVICES RENDERED

<u>Date</u>	<u>ACTIVITY</u>	<u>TIME EXPENDED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional pages if necessary.)

Signature of filer

Typed name of filer

Address (actual address/not Post Office Box)

Telephone number

Email address

Unified Bar number (if filer is an attorney)

VERIFICATION

I, _____, being first duly sworn on oath, depose and say that I have read the foregoing pleading by me subscribed and that the facts therein stated are true to the best of my knowledge, information and belief.

Signature of Petitioner

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

Notary Public/Clerk

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

Signature

NOTICE OF PETITION FOR COMPENSATION

You are hereby notified that you may file written exceptions or objections to the petition for compensation with the Register of Wills and serve a copy thereof on the petitioner, all parties, and on anyone who has filed an effective request for notice within 20 calendar days of the mailing to you of this Notice of Petition for Compensation. Reasons for your exceptions or objections should be stated.

Consents: Persons required to be served notice of a petition may file consents to the petition for compensation. If all persons required to be served with notice file consents, the notice and the 20 day period referred to in the notice required above shall be waived and the petition for compensation shall be immediately reviewed for approval. Consents to the petition shall be in the following form and, once filed, constitute a waiver of the right to object thereto:

_____ INT _____
_____ IDD _____

In re:

An Adult

CONSENT TO COMPENSATION AND FEES

I, _____, have received a copy of the Petition for
Compensation of Visitor or Examiner in the amount of \$ _____, for
_____ and \$ _____ for _____.

I waive the right to file objections to the above stated amounts and I consent to the approval by the
Court of payment of such amounts.

Date

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ INT/IDD _____

In re:

An Adult

ORDER

Upon consideration of the Petition for Compensation of Visitor or Examiner filed by _____ on the _____ day of _____, 20____, it is hereby this _____ day of _____, 20____, ORDERED that

\$_____ representing ____ hours at \$_____ per hour and expenses in the amount of \$_____, for a total of \$_____, are approved for payment from

the Guardianship Fund

the funds of the ward

the petition is denied.

the petition is denied without prejudice to the filing of _____

JUDGE

Copies to:
(Insert list of names and addresses of all interested persons. Attach additional sheet if necessary.)

CC: