



APPLICATION FOR APPROVAL OF FIDUCIARY'S AND ATTORNEY'S FEES

RIGL 9-14-25 & RIGL 33-14-8

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

THE _____ ACCOUNT
(number of account)

Name of Attorney: _____ Bar # _____

Name and Title of Fiduciary: _____

Detail any special problems and difficulties presented:

Total Hours of Fiduciary: _____ Hourly Rate: _____

Total Hours of Attorney: _____ Hourly Rate: _____

PLEASE ATTACH ITEMIZED TIME SHEET

DECREE

Fiduciaries' Fees	Attorneys' Fees
Amount Requested: \$ _____	Amount Requested: \$ _____
Amount Approved: \$ _____	Amount Approved: \$ _____

Entered:

Probate Judge

Signature of Probate Judge _____ PROBATE JUDGE SIGN HERE _____ Date _____