IN THE PROBATE COURT FOR DAVIDSON COUNTY TENNESSEE

IN RE:

_____ DOCKET NO.: _____

**MOTION OF CONSERVATOR (OR GUARDIAN) REQUESTING FEES**
***INTERIM ANNUAL APPLICATION FOR FEE***

_____, who is the conservator (or guardian), makes this annual request for fees to be paid out of the ward's estate.

1. The conservator/guardian requests:
   Fees in the amount of: $_____;
   Expenses in the amount of: $_____;
   For a total award of: $_____;
   For the time period from: _____, 201___ through_____, 201___.
2. The fee is based on an hourly rate of $_____ per hour for a total of _____ hours of service.
3. This is the applicant's first request for fees in this matter. (OR)
3. Fees awarded and/or received by the applicant for services rendered in this matter during the preceding three (3) years are (include fees paid to other members of same firm/organization if applicable):
   $_____ for the period from _____, 2009 through _____, 2010.
   $_____ for the period from _____, 2010 through _____, 2011.
   $_____ for the period from _____, 2011 through _____, 2012.
4. The most recent annual accounting was filed with the Probate Clerk on _____, 20___. The value of the estate as set forth in the last three annual accountings:
   $_____ as of (month, year);
   $_____ as of (month, year); and
   $_____ as of (month, year);
5. The income (excluding sales of assets) of the ward's estate for the last year totaled $_____. Expenses of the ward for the last year, including all fees and expenses totaled $_____.
6. A detailed sworn itemization of the services rendered and expenses incurred on behalf of the ward is attached to this motion. CAVEAT: *If the fee/expense is for other than a modest fee or routine service (i.e. extent of time/hours required), a statement to justify the additional services shall also be included.*
7. This motion, together with the affidavit, has been served upon all Interested Parties including the ward's next of kin.
8. *(IF APPLICABLE)* Fees are also being requested in a related case (i.e. siblings in separate guardianships, etc.) being _____ under docket number _____. The aggregate of all fees and expenses requested in the related cases is $_____.

IF ANYONE DISAPPROVES OF THE FEE REQUESTED, A WRITTEN RESPONSE SHOULD BE FILED WITH THE PROBATE COURT CLERK AND A COPY MAILED TO THE UNDERSIGNED. IF A RESPONSE IS FILED THIS MOTION IS EXPECTED TO BE HEARD AT 10:00 A.M. ON FRIDAY, _____, 201___, IN ROOM 608. IF A WRITTEN RESPONSE IS NOT FILED BY THE END OF BUSINESS ON THE MONDAY PRECEDING THE HEARING DATE, THE COURT WILL REVIEW THE FEE REQUEST WITHOUT THE NECESSITY OF A HEARING.

Respectfully Submitted,

_____
Signature of Attorney
Address of Firm, Etc.

I swear or affirm that the above information and that set forth in the affidavit is true and correct.

_____
Signature of applicant if not an attorney

(certificate of service required)

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