

IN THE PROBATE COURT FOR DAVIDSON COUNTY TENNESSEE

IN RE:

DOCKET NO.: _____

APPLICATION FOR FEE

(Following a Hearing)

_____, who served as _____ (Attorney for the Petitioner, or adversary Counsel, or Attorney ad litem, or who serves(d) as attorney for the Executor/Administrator/Conservator/Guardian or _____, makes the following request for fees to be paid out of the estate.

1. The Court is requested to approve the amount of \$ _____, total of expenses incurred and fees for services rendered, for the time period from _____ 202__ through _____ 202__.
2. The fee requested is based on an hourly rate of \$ _____ per hour for a total of _____ hours of service. Expenses incurred during the same time frame total \$ _____.
3. This is the applicant's first request for fees in this matter. (OR)
3. During the preceding three years, fees awarded and/or received by the applicant for services rendered in this case (include fees paid to other members of same firm if applicable):
 - \$ _____ for the period from _____, 2016 through _____, 2017.
 - \$ _____ for the period from _____, 2017 through _____, 2018.
 - \$ _____ for the period from _____, 2018 through _____, 2019.
4. A detailed itemization of the services rendered and expenses incurred is attached. CAVEAT: *If the fee/expense request is for other than a modest fee or routine services (i.e. hours required), justification for the amount of service/time required and/or hourly rate shall also be set forth.*
5. This application, together with all attachments, has been served upon all Interested Parties (*i.e. beneficiaries of a decedent's estate, the personal representative and the creditors if the estates is possibly insolvent; or in guardianships or conservatorships the spouse and next of kin of a ward or minor and the conservator or guardian*).
6. (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 requested is \$ _____ of which \$ _____ is to be assessed to this file.

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

Respectfully submitted,

Signature of Attorney
Address of Firm, Etc.

(Notary acknowledgement and certificate of service required)