

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

**PROBATE COURT OF THE**

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

Alias \_\_\_\_\_

No. \_\_\_\_\_

Date

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

**THE**

\_\_\_\_\_  
(Number of Account)

**ACCOUNT**

Name of attorney: \_\_\_\_\_ Bar #: \_\_\_\_\_

Name and Title of Fiduciary: \_\_\_\_\_

Detail any special problems and difficulties presented:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Hours of Fiduciary: \_\_\_\_\_

Approximate Hours of Attorney: \_\_\_\_\_

**PLEASE ATTACH ITEMIZED TIME SHEET**

**DECREE**

Fiduciaries' Fees

Amount Requested:	\$
Amount Approved:	\$

Attorneys' Fees

Amount Requested:	\$
Amount Approved:	\$

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge