

**ATTORNEY'S STATEMENT OF FEES and EXPENSES  
AND ORDER AUTHORIZING PAYMENT**

**Lincoln County Register in Probate/Clerk of Juvenile Court  
Lincoln County Courthouse  
1110 E. Main Street  
Merrill, WI 54452  
(715)536-0342**

Case Name: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

On \_\_\_\_\_, I was appointed by the Lincoln County Circuit Court as GAL/Attorney in the above proceedings.

My fees and expenses per the Lincoln County Register in Probate/Clerk of Juvenile Court Fee Schedule are as follows:

Fees: \_\_\_\_\_ Expenses: \_\_\_\_\_ (Mileage, Copies, Other)

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

**ORDER**

The Court orders that Lincoln County pay the sum of \$\_\_\_\_\_ to the above named attorney for their services in this proceeding.

The Court further orders that a separate order for reimbursement to Lincoln County by the appropriate parties in the proceeding be entered.