

**STATE OF WISCONSIN                      CIRCUIT COURT                      LINCOLN COUNTY**

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IN THE MATTER OF THE PROTECTIVE PLACEMENT OF: **STATEMENT OF FEES AND EXPENSES FOR WATTS REVIEW**  
*Click here to enter text.*

Date of Birth: *Click here to enter text.*

File No. *Click here to enter text.*

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1. On *Click here to enter a date.*, I was appointed by the Lincoln County Circuit Court to appear as guardian ad litem for *Click here to enter text.*
2. I understand that the fee I will be paid for my services in this matter is \$165.00.
3. Extraordinary expenses that I incurred in this case include the following:  
Cost: \_\_\_\_\_ Explanation: \_\_\_\_\_
4. My mailing address is: *Click here to enter text.*
5. I ask that Lincoln County pay the compensation and expenses due.

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Signature of Attorney  
*Click here to enter text.*

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Name Printed

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Date