**STATE OF WISCONSIN CIRCUIT COURT WAUKESHA COUNTY**

 **JUVENILE DIVISION**

In re:

 **AFFIDAVIT FOR SERVICES**

 **RENDERED**

 Case No:

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

STATE OF WISCONSIN )

 ) SS

COUNTY OF WAUKESHA )

Attorney being first duly sworn on oath, states that Law Offices, rendered services as:

 Guardian ad Litem for Child Guardian ad Litem for Parent

 Guardian ad Litem for Adult (Annual Review) Advocate Counsel for Parent

 Advocate Counsel for Child Advocate Counsel for Defendant

 Psychologist Psychiatrist

 in the above entitled matter and is compensated for those services in the sum of $ as itemized

 by the attached bill.

 The undersigned further states that:

 The above fees are individual income and should be reported under the following

 social security number:

 Attorney is an employee of Law Offices, and performed the above services

 as an employee of said entity, and directs and authorizes the fees due him/her be paid to

 the named entity and reported as income under the following tax identification number .

 Dated this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

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

 (Signature)

Subscribed and sworn to before me this

\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

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

Notary Public, Waukesha County, WI

My Commission expired: \_\_\_\_\_\_\_\_\_\_\_