**STATE OF WISCONSIN CIRCUIT COURT WAUKESHA COUNTY**

 **PROBATE DIVISION**

In the Matter of:

 **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 Psychiatrist

 Advocate Counsel Interpreter

 Psychologist Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 social security

 number on file.

 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 tax identification number on file.

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

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

 (Signature)

Subscribed and sworn to before me this

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

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

Notary Public, Waukesha County, WI

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