



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

RIGL 9-14-25 & RIGL 33-14-8

**STATE OF RHODE ISLAND**

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

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

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

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

**THE \_\_\_\_\_ ACCOUNT**  
(number of account)

Name of Attorney: \_\_\_\_\_ Bar # \_\_\_\_\_

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

Detail any special problems and difficulties presented:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Hours of Fiduciary: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Total Hours of Attorney: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

PLEASE ATTACH ITEMIZED TIME SHEET

**DECREE**

Fiduciaries' Fees	Attorneys' Fees
Amount Requested: \$ _____	Amount Requested: \$ _____
Amount Approved: \$ _____	Amount Approved: \$ _____

**Entered:**

**Probate Judge**

Signature of Probate Judge \_\_\_\_\_ Date \_\_\_\_\_