IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA PROBATE DIVISION IN RE: GUARDIANSHIP OF _____ Case Number: _____ Section: _____	**Z-1**

PETITION FOR PRO BONO HOURS OF GUARDIAN/ATTORNEY

(From _____ to _____

Petitioner _____, alleges:

1. _____ is an attorney engaged in the practice of law in the State of Florida.

2. _____ was appointed as Guardian of _____ (the Ward) on _____

3. The total amount of all prior fees paid or costs awarded Petition in this proceeding are:

4. Petitioner has rendered services and incurred expenses for the benefit of the Ward, from _____ to _____, as more fully described and set forth in the itemized schedule of services and expenses attached as Exhibit A, for which Petitioner has not been paid.

5. Petitioner's records indicate that during the aforementioned time period, an excess of _____ hours have been devoted to representation of the Ward's guardian at _____ an hour. Petitioner believes the amount of work performed and the hourly rates are reasonable and necessary. There were no reductions or enhancement factors relevant to this case.

6. Based on the criteria established by Florida Guardianship Law Section 744.108(2), Florida Statutes, Petitioner believes that a reasonable fee for their services performed during the billing period is _____.

7. Petitioner expended _____ for costs.

Section: _____ Case Name: _____ Case Number: _____

Petitioner requests that an order be entered awarding Petitioner a reasonable fee for the services rendered by Petitioner for the benefit of the Ward's guardian and assets. Because there are insufficient assets available for the Ward's maintenance, Petitioner requests this Court to award pro bono credit through Put Something Back for the amount of time reflected in this petition.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

_____
Petitioner's Signature

Printed Name: _____

Florida Bar No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

I CERTIFY that a true copy of the foregoing has been served on:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

By: _____ (name of server) on _____(date)