**STATE OF WISCONSIN CIRCUIT COURT WAUKESHA COUNTY**

 **JUVENILE DIVISION**

In re:

 **DECLARATION FOR SERVICES**

 **RENDERED**

 Case No:

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

Attorney declares 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

 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.

 I declare under the criminal penalty of false swearing that the information I have provided in

 true and accurate.

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

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

 (Signature)