

CERTIFICATE OF SERVICE

I certify that a copy of this Petition for Compensation, together with the attached Notice of Petition for Compensation, was served by first class mail, postage prepaid, on the following, on

The subject/adult ward/protected individual (name and address)

AND

The parties to the proceeding: (any guardian, conservator, the person who filed the petition to initiate the intervention proceeding, and any creditor filing a petition to determine a claim)

Name and addresses:

Guardian:

Conservator:

Person (s) who filed petition:

Creditor:

Date

Signature

In Re:

INTVP. No.

NOTICE OF PETITION FOR COMPENSATION

You are hereby notified that you may file written exceptions or objections to the petition for compensation with the Register of Wills and serve a copy thereof on the petitioner, all parties, and on anyone who has filed an effective request for notice within 20 calendar days of the mailing to you of this Notice of Petition for Compensation.. Reasons for your exceptions or objections should be stated.

Consents: Persons required to be served notice of a petition may file consents to the petition for compensation. If all persons required to be served with notice file consents, the notice and the 20 day period referred to in the notice required above shall be waived and the petition for compensation shall be immediately reviewed for approval. Consents to the petition shall be in the following form and, once filed, constitute a waiver of the right to object thereto:

In Re:

INTVP.No.

CONSENT TO COMPENSATION AND FOR FEES

I, _____, have receive a copy of the
Petition for Compensation in the amount of _____
for _____ and _____
for _____

I waive the right to file objections to the above stated amounts and
I consent to the approval by the Court of payment of such
amounts.

Date:

Signature