

Attorney Name	Phone #	P#
Address	Vendor ID#	
City, State, Zip	Appointment Date	

I was appointed to serve as attorney.
This is a complete and accurate record of the services I rendered.

MENTAL HEALTH MATTERS HEARD IN OAKLAND COUNTY (For out-of-county see below)

- I was appointed to 1/3 of the Mental Health docket for the week of _____, which included the hearing dates of _____ and _____. I provided representation for the cases indicated on the **attached** court-issued Attorney Assignment Logs. I request payment of the set fee of **\$930** for the week.
- Add \$45 for each hearing adjourned to **another week**. (Indicated on the Log). **Adjourned Total \$** _____

ADDITIONAL MATTERS

In the matter of _____ Case No. _____
Complete a separate Statement of Services for each file.

- | | | |
|---|---|---------------|
| <input type="checkbox"/> Mental Health Case out-of-County | <input type="checkbox"/> Patient Deferred (\$50) | |
| | <input type="checkbox"/> Deferral and Hearing (\$100) held on _____ | |
| <input type="checkbox"/> Jury Trial | JUR \$300 | held on _____ |
| <input type="checkbox"/> Other _____ | | |

Other	Total
<input type="checkbox"/> Extraordinary Fees (PLEASE PROVIDE AN ITEMIZED EXPLANATION)	\$60 per hour _____
<input type="checkbox"/> Appeals (\$500 max.)	\$60 per hour _____
Excess Travel: <input type="checkbox"/> 50 to 74 Miles \$25.00	<input type="checkbox"/> 75 to 99 Miles \$37.50
	<input type="checkbox"/> 100 + Miles \$50.00

I declare that the above statements are true to the best of my information, knowledge, and belief.

Date	Attorney Signature
------	--------------------

ORDER

IT IS ORDERED: The above named attorney has rendered this service and shall be paid (less any applicable Federal or State court ordered and/or statutory lien, levy or garnishment)

_____ dollars from the County Treasurer.

Date	Probate Judge
------	---------------

Please Return to: BUSINESS OFFICE
OAKLAND COUNTY CIRCUIT COURT
1200 N. TELEGRAPH ROAD, DEPT. 404
PONTIAC, MI 48341-0404