

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY JUVENILE	STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT APPOINTED ATTORNEY/GAL	CASE NO.
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In the matter of _____

Check if the child was placed out of home at any time during the case.

Attorney name _____ P # _____

Address _____ City _____ State _____ Zip _____

Vender ID _____

Phone # _____

Appointment Date _____

The above named attorney was appointed to serve as attorney/GAL for _____ . A complete and accurate record of service rendered appears on the time sheet below. Name _____

Hearing officer: _____

Judge: _____

PROCEEDING PHASE	PHASE	FEE PER CASE	HEARING DATE(S)
Preliminary Phase (Preliminary and Initial/Pretrial hearings)	<input type="checkbox"/> I	\$300	
Pretrial/Disposition Phase (one hearing/one day)	<input type="checkbox"/> I-A	\$425	
Plea or Dismissal Phase (multiple hearings/multiple days)	<input type="checkbox"/> II	\$675	
Trial or Permanent Wardship (testimony taken)	<input type="checkbox"/> III	\$1,000	
Each Additional ½ Day of Trial	<input type="checkbox"/>	\$300 per ½ day	

COURT PROCEEDING TYPE	CODE	FEE	HEARING DATE(S) OR HOUR(S)
Neglect Dispositional Review Hearings	<input type="checkbox"/> NDR	\$225 per hearing	
Pre-Termination Permanency Planning Hearings	<input type="checkbox"/> PPH	\$250 per hearing	
Delinquent Dispositional Review Hearings	<input type="checkbox"/> DDR	\$150 per hearing	
L-GAL/GAL Additional Dispositional Hearing for Parent/Guardian	<input type="checkbox"/> ADH	\$225 per hearing	
Permanent Custody Review Hearings (inc. Post-Term. Perm. Plan)	<input type="checkbox"/> PCR	\$150 per hearing	
Motion (court hearing time only)	<input type="checkbox"/> MTN	\$120 per hour	
Adoption Hearings	<input type="checkbox"/> ADO	\$300 per ½ day	
Parental Waiver/Bypass (attach signed order appointing)	<input type="checkbox"/> PAR	\$300 per case	
Saturday Preliminary Hearings	<input type="checkbox"/> SAT	\$360 per ½ day	
Standby Attorney (paid if no cases are assigned)	<input type="checkbox"/> SBY	\$360 per ½ day	
Appeals (attach itemized statement) \$2,250 maximum per case	<input type="checkbox"/> APP	\$120 per hour	
Family Team Meetings (GALs and Attorneys paid)	<input type="checkbox"/> FTM	\$110 per meeting	
Additional Preliminary (maximum of 2)	<input type="checkbox"/> APL	\$150 per hearing	
Additional Pretrials (maximum of 3)	<input type="checkbox"/> APT	\$150 per hearing	
Jail/Children's Village (CV) Visit (in-person only)	<input type="checkbox"/> CVV	\$120 per visit	
L-GAL/GAL Visit (in-person only) *Attach copy of form JC82	<input type="checkbox"/> LGV	\$150 per visit	
Representation for ancillary services in NA cases (attach itemized statement)	<input type="checkbox"/> REP	\$60 per hour	
Continuing Legal Education related to NA cases (yearly maximum \$500-attach receipt/verification)	<input type="checkbox"/> CED	per event	
Misc/Other:	<input type="checkbox"/> MIS		

Extraordinary Fees PLEASE PROVIDE AN ITEMIZED EXPLANATION. Rate is \$90 per hour.

As it relates to child protective cases, I have consulted with the child's parents and/or guardians, foster care providers and caseworkers. In addition, I have met with and observed the child before every proceeding or hearing and/or reviewed the agency case file.

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

Date

/s/ _____
Attorney Signature

ORDER

IT IS ORDERED: The above named attorney rendered this service, filed a payment voucher, 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

/s/ _____
Circuit Judge

Email completed form to: voucher@oakgov.com
*Form must be fillable when submitted to the court for submission