

For Mental Health cases, use Mental Health Statement of Services form

In the matter of _____

Complete separate Statement of Services for each file unless companion cases.

Attorney Name

Phone #

P #

Address

Vendor ID #

City, State, Zip

Appointment Date

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

for: _____
Name

<u>APPOINTMENT TYPE</u>	<u>Code</u>	<u>Fee per case</u>	<u>Hearing date(s)</u>
Petition dismissed before hearing	<input type="checkbox"/> PTD	\$120	_____
Decedent Estate with insufficient funds	<input type="checkbox"/> DEC	\$215	_____
Temp/Emerg Guardianship or Conservatorship hearing	<input type="checkbox"/> EMT	\$215/temporary/emergency hrg.	_____
Minor/Adult conservatorship with insufficient funds	<input type="checkbox"/> MIC <input type="checkbox"/> ADC	\$215	_____
Minor/Adult guardianship	<input type="checkbox"/> MIG <input type="checkbox"/> LIP	\$215	_____
Developmentally Disabled Person	<input type="checkbox"/> DDP	\$215 (Atty or GAL)	_____
Adjournment (in court/no notice)	<input type="checkbox"/> ADJ	\$50	_____

ADDITIONAL MATTERS

Jury Trial	<input type="checkbox"/> JUR	\$350	_____
GAL report/no hearing	<input type="checkbox"/> REP	\$120	_____
Review Hearing/Status Conference	<input type="checkbox"/> REV	\$215	_____
Extraordinary Fees (Provide an itemized explanation)	<input type="checkbox"/> EXT	\$60/hour	Total \$ _____
Appeals (\$500 maximum)	<input type="checkbox"/> APP	\$60/hour	Total \$ _____
Excess Travel (calculated from courthouse):	<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

_____/s/_____
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

_____/s/_____
Probate Judge

Please Return to: BUSINESS OFFICE
OAKLAND COUNTY CIRCUIT COURT
1200 N. TELEGRAPH ROAD, DEPT. 404
PONTIAC, MI 48341-0404
Telephone: (248) 858-0847
E-mail: voucher@oakgov.com