

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 of 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 **ATW** fee of **\$1080** for the week.

Add \$50 for each hearing adjourned to **another week**. \_\_\_\_\_ \*(Indicated on the attached Log). **ADJ Total \$** \_\_\_\_\_  
No. of adjournments

**VIDEO HEARING AT CENTER FOR FORENSIC PSYCHIATRY** (Submit one statement per hearing date)

Hearing date \_\_\_\_\_ Attach Docket: # of cases \_\_\_\_\_ x \$120 **FCV Total \$** \_\_\_\_\_

**ADDITIONAL MATTERS**

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

- Mental Health Case Out-of-County       Patient Deferred      **DEF** (\$60)      Date \_\_\_\_\_
- Deferral and Hearing      **HOS** (\$120)      Date \_\_\_\_\_
- In-Court Adjournment      **ADJ** (\$50)      Date \_\_\_\_\_
- Jury Trial      **JUR** (\$350)      Date \_\_\_\_\_
- Other \_\_\_\_\_

**OTHER**

- Extraordinary Fees (PLEASE PROVIDE AN ITEMIZED EXPLANATION)      \$60/hour      **EXT Total \$** \_\_\_\_\_
- Appeals (\$500 max)      \$60/hour      **APP Total \$** \_\_\_\_\_

Excess Travel [**MIS** (calculated from courthouse)]:       50 to 74 Miles \$25.00       75 to 99 Miles \$37.50      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