

In the matter of _____

Independent Evaluator Name _____

Phone # _____

Address _____

Vendor ID # _____

City, State, Zip _____

Name of Person Evaluated: _____

Date Evaluated _____
Date

Total Hours	Rate	Amount (\$500 max.)
	X \$125 per hour =	

Court Testimony by Independent Evaluator on _____
Date

Total Hours	Rate	Amount
	X \$75 per hour =	

Excess Travel

50 to 74 Miles \$25.00 75 to 99 Miles \$37.50 100 + Miles \$50.00

Amount

TOTAL AMOUNT =

I declare under the penalties of perjury that the evaluation was faxed chambers
 delivered to: attorney on _____
 court staff Date

and that I have attached a copy of the court order.

Evaluator Signature: _____ Date _____

Please Return to: **OAKLAND COUNTY PROBATE COURT**
ATTN: BARBARA ANDRUCCIOLI
at either (248) 975-9607 or ProbateCourt@oakgov.com

FOR COURT USE ONLY

Probate Register/Designee Signature _____ Date: _____

TOTAL TO BE PAID _____

Mental Health SC731192 CCN3040403 PRG124015 FND10100
 SC731206 CCN3040403 PRG124015 FND10100