

Oakland County Circuit Court JLWOP Voucher

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Senders Name		Attention
Senders Phone Number		
DateSubmitted	Court Case #	YY-123456-DL
Defendant First Name	Last Name	
Judge Assigned to Case		
Worksheet is Completed		
Reciepts are Attached		
Number of Pages		

Fax to 248-975- 9877    or    Mail to Business Office  
Oakland County Circuit Court  
1200 N Telegraph Rd Dept 404  
Pontiac, MI 48341-0404

**Oakland County Circuit Court**  
**Supporting Information Worksheet for Court Appointed Counsel for JLWOP Cases**

Defendant First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Case No. \_\_\_\_\_ Judge \_\_\_\_\_  
 Attorney Name \_\_\_\_\_ Phone # \_\_\_\_\_ P# \_\_\_\_\_ Vendor ID# \_\_\_\_\_  
 Address \_\_\_\_\_

**Part A – Time Spent In Defense of Client**

**Section 1 – Client Only Consultation** (i.e. time spent on video-conference, phone calls, face-to-face visits – excludes travel time and mileage)

Date	Description of Action (i.e. video conference with client) Please list MDOC facility if face-to-face visit with client	Hours (actual time spent with client – do not include travel time)
Total Hours		

**Section 2 – Investigation** (i.e. interviewing witness)

Date	Description of Action	Hours (actual time spent in investigation – do not include travel time)
Total Hours		

**Section 3 – Document/Discovery Review**

Date	Description of Action	Hours
Total Hours		

**Section 4 – Consultation with Expert and/or Investigator**

Date	Description of Action	Hours (actual time spent with expert and/or investigator – do not include travel time)
Total Hours		

**Section 5 – Legal Research and Writing**

Date	Description of Action	Hours
Total Hours		

**Section 6 – Time in Court**

Date	Description of Court Proceeding	Hours (actual time spent in court – do not include travel time to and from court)
Total Hours		

**Section 7 - Other** (list any other case-related activities not contained within the categories in Sections 1 – 6)

Date	Description of Action	Hours (actual hours spent performing the action described herein)
Total Hours		

**Part B – Expenses Incurred In Defense of Client**

**Section 1 – Prison Visits** (round trip mileage for no more than two prison visits will be reimbursed – reimbursement will be made at the IRS-approved rate. Please consider the use of video conferencing as an alternative to an in-person prison visit)

Date	MDOC Facility Visited	Round Trip Mileage (use mileage chart prepared by Oakland County Circuit Court Administration)
Total Mileage		

**Section 2 – Photocopies/Printing** (please attach a receipt. Reimbursement will be made at the rate of \$0.10 per page if a receipt is not provided)

Date	Photocopying/Printing performed by: (name and location of establishment)	Number of pages
Total number of pages		

**Section 3 - Other** (please list any other case-related expenses incurred in the defense of your client that are not contained within the categories in Sections 1 – 2)

Date	Description of Expense	Actual cost incurred (please provide receipt or other supporting documentation)
Total Actual Cost Incurred		

<b>Defendant's Name and Inmate #</b> <b>First Name:</b> _____ <b>Last Name:</b> _____ <b>Inmate #</b> _____	<b>OAKLAND COUNTY CIRCUIT COURT</b> <b>REQUEST AND ORDER FOR PAYMENT</b> <b>ON JLWOP CASES</b>	<b>Case Number:</b> _____  <b>Circuit Court Judge</b> _____
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Attorney Name \_\_\_\_\_ Phone # \_\_\_\_\_ Bar P # \_\_\_\_\_ Vendor ID # \_\_\_\_\_

Address \_\_\_\_\_ Appointment Date \_\_\_\_\_

Charge(s) \_\_\_\_\_

The above named attorney was appointed to represent the defendant on a juvenile sentencing to life without parole issue. A complete and accurate record of services rendered appears on this time sheet below. Supporting documents/receipts are attached.

Date(s)	Action	Hours	Date(s)	Event/Expense	Amount
See Worksheet	<b>Client Only Consultation</b> (i.e. time spent on video-conference, phone calls, face-to face visits* *excludes travel time and mileage)		See Worksheet	<b>Prison Visit (2- visit max)</b> Facility Name: _____ (Per mileage chart. No payment for travel time, meals or lodging)	
See Worksheet	<b>Investigation</b> (i.e. interviewing witness, etc.)		See Worksheet	<b>Photocopies</b> (attach receipts or \$.10/page) Number of Pages _____	
See Worksheet	<b>Document/Discovery Review</b>		See Worksheet	Other: _____	
See Worksheet	<b>Consultation with Expert and/or Investigator</b> (regarding case details and findings)		<b>Total Expenses</b>		
See Worksheet	<b>Legal Research and Writing</b> (i.e. motions/briefs)		<b>Court Administration Use Only</b>		
See Worksheet	<b>Time in Court</b>		<b>Total Hours</b> _____ x \$55/hr. = \$ _____		
See Worksheet	Other: _____		<b>Total Expenses</b> \$ _____		
<b>Total Hours</b>			<b>Total Payment Due</b> \$ _____		

I swear or affirm that I have not received compensation from any source for handling this case. I have no expectation of receiving nor will I accept any other compensation.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

## ORDER

The above named attorney was appointed to represent this defendant in the above captioned case. (S)he has 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.

\_\_\_\_\_  
CIRCUIT COURT JUDGE

\_\_\_\_\_  
Date

Please Return to: Business Office Oakland County Circuit Court 1200 N. Telegraph Road, Dept. 404 Pontiac, MI 48341-0404	Questions?: Call (248) 858-1591 Fax (248) 975-9877
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## Additional Worksheet Information

### Additional Time Related Expenses

Date

### Description of Action

Hours (actual time spent  
not including travel)

### Additional Cost Related Expenses

Date

### Description of Action

Hours (actual time spent  
not including travel)