

STATE OF MICHIGAN COUNTY OF OAKLAND BUSINESS ADMINISTRATION COURT OFFICES	REQUEST AND ORDER FOR PAYMENT OF COURT APPOINTED COUNSEL (ARRAIGNMENTS ONLY) <i>Please print or type</i>	VENUE ARRAIGNMENT <input type="checkbox"/> 6 TH CIRCUIT COURT <input type="checkbox"/> COUNTY JAIL <input type="checkbox"/> 52 ND DISTRICT COURT <input type="checkbox"/> OTHER _____
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Attorney name	Phone #	P #
Address	Vendor ID	
City, state, zip	Date of Arraignment Hearing	

VOUCHERS MUST BE SUBMITTED TO THE BUSINESS OFFICE WITHIN ONE MONTH AFTER DISMISSAL OF THE CASE OR SENTENCING OF YOUR CLIENT [LCR 6.101(B)]

Check all that apply					
<input type="checkbox"/> Half Day	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> Full Day	<input type="checkbox"/> Holiday	<input type="checkbox"/> Weekend	<input type="checkbox"/> Other _____

P.O. Number or Circuit Court Case #	Defendant's Name	Court Location #	Judge's Name	Felony or Misdemeanor	Charge(s)	B/W
				<input type="checkbox"/> Fel <input type="checkbox"/> Mis		<input type="checkbox"/>
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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. **I declare that the above statements are true to the best of my information, knowledge, and belief.**

Date	/s/ _____ Attorney Signature
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ORDER

IT IS ORDERED: 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 Treasury.

Date	/s/ _____ Circuit Judge
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Please Return to: OFFICE OF THE COURT ADMINISTRATOR
 OAKLAND COUNTY CIRCUIT COURT
 1200 N. TELEGRAPH ROAD, DEPT 404
 PONTIAC, MI 48341-0404

Questions? Call (248) 452-2078
e-mail: voucher@oakgov.com