

## TREATMENT COURT ATTORNEY VOUCHER

<b>STATE OF MICHIGAN</b> <b>IN THE 52<sup>ND</sup> DISTRICT COURT, COUNTY OF OAKLAND</b>  Judge/Magistrate:	<input type="checkbox"/> 52-1 District Court, Novi <input type="checkbox"/> 52-2 District Court, Clarkston <input type="checkbox"/> 52-3 District Court, Rochester Hills <input type="checkbox"/> 52-4 District Court, Troy
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Number of cases:	Date of Service:
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Please select the applicable boxes:

- ☐ Full Day     
 ☐ Half Day     
 ☐ AM     
 ☐ PM  
☐ Drug Court     
 ☐ Sobriety Court     
 ☐ Mental Health Court     
 ☐ Veterans' Court

**\*\*YOU MUST ITEMIZE ALL OF YOUR TIME SPENT IN COURT AND DOING PRE-COURT PREPARATION\*\***

The attorney signing and submitting this form is representing that the attorney was appointed to serve as the treatment court attorney for the listed court docket and that no compensation has been or will be received by the attorney from any other source without reimbursing the County of Oakland, and that all the information contained in this voucher and any attached itemization is true and accurate to the best of the attorney's information, knowledge, and belief.

Attorney Signature:	Date:
Attorney Name and P-Number:	Vendor ID:
Address:	

This voucher has been reviewed and approved, and the IDSO is requesting payment to the named attorney from the account marked below in the amount of:

IDSO Clerk Initials:

IDSO Chief Attorney Signature:

<b>Treatment Court:</b>	<b>SC730450 CCN1010702 PRG121050 FND20260 GRN-1004145</b>
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<b>Docket Date</b>	
<b>Attorney Name</b>	
<b>Court</b>	
<b>Judge</b>	

<b>Total Itemization</b>		[This field is automatically filled based on entries below]
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**Presumptive Payment Events**

Type	Number	Presumptive Mins.	Total Mins.	Itemization
Text Message w/Client				
Smart Jail Message w/Client				
Emails with Client/Prosecutor				

**Itemized Events**

Event Description	Date	Start Time	End Time	Total Minutes	Itemization
