STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY FAMILY		REQUEST AND ORDER FOR PAYMENT OF COURT APPOINTED COUNSEL (DOMESTIC/PPO)			CASE NO.
In the matter of					
Attorney name			P#	Phone #	
Address	dress City		Zip	Vendor ID	
Appointment Date				Circuit Co	ourt Judge
appears on the time she	et below. VOUCH		ED TO THE	BUSINESS OFF	curate record of services rendered FICE WITHIN ONE MONTH AFTER

*A voucher must be completed for each case FEE PER CASE FAMILY DIVISIONS PROCEEDINGS **HEARING DATES** PPO/Domestic/Juvenile Standby Attorney \$ 360 / ½ day (\$360 minimum or total of case assignments, whichever is greater) List Case #s Called/Heard Violation of Personal Protection Order (PPO) Hearing Held \$ 225 (1st hour) Extended hearing on Violation of Personal Protection Order (PPO) \$ 90 / hour Additional Violation of PPO Hearings Adjourned by Court/On the Record (maximum of 3) \$ 90 / hearing PPO Delayed Sentence follow up hearing \$ 135 / hearing PPO Review \$ 150 / hearing PPO Bench Warrant \$ 150 / hearing Friend of the Court Show Cause / Show Cause for failure to pay court costs \$ 225 / hearing Friend of the Court Bench Warrant / Retained Out without notice \$ 135 / event Extraordinary Fee (provide itemized explanation) \$ 90 / hour Other:

other compensation.

| ________/s/
| Date | Attorney Signature |

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

ORDER

IT IS ORDERED: The above-named attorney was appointed to represent this defendant/respondent 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.

/S/ Circuit Judge

Email completed form to: voucher@oakgov.com

*Form must be fillable when submitted to the court for submission

Questions? Call (248) 858-0847

Date

Related Case # (if applicable)