

STATE OF MICHIGAN PROBATE COURT COUNTY OF OAKLAND	STATEMENT OF SERVICES AND ORDER FOR PAYMENT – GENERAL PROBATE	CASE NO.  JUDGE
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For Mental Health cases, use Mental Health Statement of Services form

In the matter of \_\_\_\_\_  
Complete separate Statement of Services for each file unless companion cases.

Attorney Name	Phone #	P #
Address	Vendor ID #	
City, State, Zip	Appointment Date	

I was appointed to serve as ☐ Attorney or ☐ GAL for: \_\_\_\_\_  
This is a complete and accurate record of the services I rendered. Name

<u>APPOINTMENT TYPE</u>	<u>Code</u>	<u>Fee per case</u>	<u>Hearing date(s)</u>
Petition dismissed before hearing	<input type="checkbox"/> PTD	\$120	_____
Decedent Estate with insufficient funds	<input type="checkbox"/> DEC	\$215	_____
Temp/Emerg Guardianship or Conservatorship hearing	<input type="checkbox"/> EMT	\$215/temporary/emergency hrg.	_____
Minor/Adult conservatorship with insufficient funds	<input type="checkbox"/> MIC <input type="checkbox"/> ADC	\$215	_____
Minor/Adult guardianship	<input type="checkbox"/> MIG <input type="checkbox"/> LIP	\$215	_____
Developmentally Disabled Person	<input type="checkbox"/> DDP	\$215 (Atty or GAL)	_____
Adjournment (in court/no notice)	<input type="checkbox"/> ADJ	\$50	_____

<u>ADDITIONAL MATTERS</u>			
Jury Trial	<input type="checkbox"/> JUR	\$350	_____
GAL report/no hearing	<input type="checkbox"/> REP	\$120	_____
Review Hearing/Status Conference	<input type="checkbox"/> REV	\$215	_____
Extraordinary Fees (Provide an itemized explanation)	<input type="checkbox"/> EXT	\$60/hour	Total \$ _____
Appeals (\$500 maximum)	<input type="checkbox"/> APP	\$60/hour	Total \$ _____
Excess Travel (calculated from courthouse):	<input type="checkbox"/> 50 to 74 Miles \$25.00	<input type="checkbox"/> 75 to 99 Miles \$37.50	<input type="checkbox"/> 100 + Miles \$50.00

I declare that the above statements are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
/s/  
Attorney Signature

ORDER

IT IS ORDERED: The above named attorney has rendered this service and shall be paid (less any applicable Federal or State court ordered and/or statutory lien, levy or garnishment)  
\_\_\_\_\_dollars from the County Treasurer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
/s/  
Probate Judge

Please Return to: BUSINESS OFFICE  
OAKLAND COUNTY CIRCUIT COURT  
1200 N. TELEGRAPH ROAD, DEPT. 404  
PONTIAC, MI 48341-0404  
Telephone: (248) 858-0847  
E-mail: voucher@oakgov.com