

STATE OF MICHIGAN PROBATE COURT COUNTY OF OAKLAND	STATEMENT OF SERVICES AND ORDER FOR PAYMENT – MENTAL HEALTH	CASE NO. See below
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Attorney Name	Phone #	P#
Address	Vendor ID#	
City, State, Zip	Appointment Date	

I was appointed to serve as attorney. This is a complete and accurate record of the services I rendered.

MENTAL HEALTH MATTERS HEARD IN OAKLAND COUNTY (For out-of-county see below)

☐ I was appointed to 1/3 of the Mental Health docket of the week of _____, which included the hearing dates of _____ and _____. I provided representation for the cases indicated on the **attached** court-issued Attorney Assignment Logs. I request payment of the set **ATW** fee of **\$1080** for the week.

☐ Add \$50 for each hearing adjourned to **another week**. _____*(Indicated on the attached Log). **ADJ Total \$** _____
No. of adjournments

VIDEO HEARING AT CENTER FOR FORENSIC PSYCHIATRY (Submit one statement per hearing date)

☐ Hearing date _____ Attach Docket: # of cases _____ x \$120 **FCV Total \$** _____

ADDITIONAL MATTERS

In the matter of _____ Case No. _____
Complete a separate Statement of Services for each file.

<input type="checkbox"/> Mental Health Case Out-of-County	<input type="checkbox"/> Patient Deferred	DEF (\$60)	Date	_____
	<input type="checkbox"/> Deferral and Hearing	HOS (\$120)	Date	_____
	<input type="checkbox"/> In-Court Adjournment	ADJ (\$50)	Date	_____
<input type="checkbox"/> Jury Trial		JUR (\$350)	Date	_____
<input type="checkbox"/> Other	_____			

OTHER

<input type="checkbox"/> Extraordinary Fees (PLEASE PROVIDE AN ITEMIZED EXPLANATION)	\$60/hour	EXT Total \$	_____
<input type="checkbox"/> Appeals (\$500 max)	\$60/hour	APP Total \$	_____

Excess Travel [**MIS** (calculated from courthouse)]: ☐ 50 to 74 Miles \$25.00 ☐ 75 to 99 Miles \$37.50 100 + Miles \$50.00

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

_____ Date	_____ /s/ Attorney Signature
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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
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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