

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 \_\_\_\_\_

**APPOINTMENT TYPE**

	<u>Code</u>	<u>Fee per case</u>	<u>Hearing date(s)</u>
<input type="checkbox"/> Decedent Estate with no funds	DEC	\$182	_____
<input type="checkbox"/> Minor/Adult conservatorship with no funds	MIC/ADC	\$182	_____
<input type="checkbox"/> Minor/Adult guardianship	MIG/LIP	\$182	_____
<input type="checkbox"/> Developmentally Disabled Individual	DDP	\$200	_____

**ADDITIONAL MATTERS**

- Jury Trial JUR \$300 held on \_\_\_\_\_
- Extraordinary Fees (Provide an itemized explanation) \$60 per hour Total \$ \_\_\_\_\_
- Appeals (\$500 maximum) \$60 per hour Total \$ \_\_\_\_\_
- Other \_\_\_\_\_

Excess Travel-(excess mileage is 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 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 Probate Judge

Please Return to: BUSINESS OFFICE  
OAKLAND COUNTY CIRCUIT COURT  
1200 N. TELEGRAPH ROAD, DEPT. 404  
PONTIAC, MI 48341-0404