

For Mental Health cases, use Mental Health Statement of Services form PEMH1092A

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  
 This is a complete and accurate record of the services I rendered.

for \_\_\_\_\_  
Name

**APPOINTMENT TYPE**

	<u>Code</u>	<u>Fee per case</u>	<u>Hearing dates</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**

<input type="checkbox"/> Jury Trial	JUR	\$300	held on _____
<input type="checkbox"/> Extraordinary Fees (Provide an itemized explanation)		\$60 per hour	Total \$ _____
<input type="checkbox"/> Appeals (\$500 maximum)		\$60 per hour	Total \$ _____
<input type="checkbox"/> Other _____			

Excess Travel       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
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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	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