

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY PROBATE	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 for 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 fee of **\$930** for the week.
- Add \$45 for each hearing adjourned to **another week**. (Indicated on the Log). **Adjourned Total \$** _____

ADDITIONAL MATTERS

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

- Mental Health Case out-of-County Patient Deferred (\$50)
 Deferral and Hearing (\$100) held on _____
- Jury Trial JUR \$300 held on _____
- Other _____

Other	Total
<input type="checkbox"/> Extraordinary Fees (PLEASE PROVIDE AN ITEMIZED EXPLANATION)	\$60 per hour _____
<input type="checkbox"/> Appeals (\$500 max.)	\$60 per hour _____
Excess Travel: <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 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