

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY PROBATE	INDEPENDENT EVALUATOR INVOICE	CASE NO.
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In the matter of \_\_\_\_\_

Independent Evaluator Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Vendor ID # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Person Evaluated: \_\_\_\_\_

Date Evaluated*	Total Hours	Rate	Total Amount (\$300 max.)
		\$75 per hour	

\*Please attach a copy of the court order.

Court Testimony by Independent Evaluator	Total Hours	Rate	Total Amount
		\$75 per hour	

Excess Travel	Total Amount
<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	

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return to: OAKLAND COUNTY PROBATE COURT  
1200 N. TELEGRAPH ROAD, DEPT. 457  
PONTIAC, MI 48341-0457  
ATTN: KIT SCHATZ (Mentally Ill Matters)  
or ATTN: PAT HAYS (Guardianship or Conservatorship Matters)

FOR PROBATE OFFICE USE ONLY

Date report received: \_\_\_\_\_ Received by Initials: \_\_\_\_\_

Probate Register/Designee Signature \_\_\_\_\_ Date: \_\_\_\_\_

FOR BUSINESS OFFICE USE ONLY

TOTAL TO BE PAID: \_\_\_\_\_

Mental Health 10100-3040403-124015-731206