

<b>STATE OF MICHIGAN</b> <b>COUNTY OF OAKLAND</b> BUSINESS ADMINISTRATION COURT OFFICES	<b>REQUEST AND ORDER FOR PAYMENT          OF COURT APPOINTED COUNSEL          (ARRAIGNMENTS ONLY)</b>  <i>Please print or type</i>	<b>VENUE ARRAIGNMENT</b> <input type="checkbox"/> 6 <sup>TH</sup> CIRCUIT COURT <input type="checkbox"/> COUNTY JAIL <input type="checkbox"/> 52 <sup>ND</sup> DISTRICT COURT <input type="checkbox"/> OTHER _____
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Attorney name	Phone #	P #
Address	Vendor ID	
City, state, zip	Date of Arraignment Hearing	

**VOUCHERS MUST BE SUBMITTED TO THE BUSINESS OFFICE WITHIN ONE MONTH AFTER DISMISSAL OF THE CASE OR SENTENCING OF YOUR CLIENT [LCR 6.101(B)]**

Check all that apply					
<input type="checkbox"/> Half Day	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> Full Day	<input type="checkbox"/> Holiday	<input type="checkbox"/> Weekend	<input type="checkbox"/> Other _____

P.O. Number or Circuit Court Case #	Defendant's Name	Court Location #	Judge's Name	Felony or Misdemeanor	Charge(s)	B/W
				<input type="checkbox"/> Fel <input type="checkbox"/> Mis		<input type="checkbox"/>
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I have not received compensation from any source for handling this case. I have no expectation of receiving, nor will I accept any other compensation. **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 was appointed to represent this defendant in the above captioned case. (S)he has rendered this service, filed a payment voucher, and shall be paid less any applicable Federal or State Court-ordered and/or statutory lien, levy or garnishment \_\_\_\_\_ dollars From the County Treasury.

Date	/s/	Circuit Judge
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Please Return to: OFFICE OF THE COURT ADMINISTRATOR  
 OAKLAND COUNTY CIRCUIT COURT  
 1200 N. TELEGRAPH ROAD, DEPT 404  
 PONTIAC, MI 48341-0404

<b>Questions? Call (248) 452-2078</b> <b>e-mail: voucher@oakgov.com</b>
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