STATE OF MICHIGAN JUDICIAL CIRCUIT OAKLAND COUNTY JUVENILE	STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT APPOINTED ☐ATTORNEY ☐GUARDIAN AD LITEM	CASE NO.

In the matter of _____

Attorney name _____ Phone # _____ P # _____

Address _____ Vendor ID _____

City, state, zip _____ Appointment Date _____

The above named attorney was appointed to serve as attorney/GAL for _____ (Name). A complete and accurate record of service rendered appears on the time sheet below.

☐ **(NA cases only) At least one child was removed from the parents' home(s) during the pendency of the case.**

PROCEEDING PHASE	PHASE	FEE PER CASE	HEARING DATE(S)
Preliminary Phase (Preliminary and Initial/Pretrial hearings)	☐ I	$140	
Pretrial/Disposition Phase (one hearing/one day)	☐ I-A	$175	
Plea or Dismissal Phase (multiple hearings/multiple days)	☐ II	$350	
Trial or Permanent Wardship (testimony taken)	☐ III	$525	
Each Additional ½ Day of Trial	☐	$145 per ½ day	

COURT PROCEEDING TYPE	CODE	FEE	HEARING DATE(S) OR HOUR(S)
Neglect Dispositional Review Hearings	☐ NDR	$150 per hearing	
Pre-Termination Permanency Planning Hearings	☐ PPH	$165 per hearing	
Delinquent Dispositional Review Hearings	☐ DDR	$90 per hearing	
Permanent Custody Review Hearings *(inc. Post-Term. Perm. Plan)*	☐ PCR	$90 per hearing	
Motion *(hearing time only)*	☐ MTN	$70 per hour	
Adoption Hearings	☐ ADO	$145 per ½ day	
Parental Waiver/Bypass *(attach signed order appointing)*	☐ PAR	$145 per case	
Saturday Preliminary Hearings	☐ SAT	$145 per ½ day	
Standby Attorney *(paid if no cases are assigned)*	☐ SBY	$145 per ½ day	
Appeals *(attach itemized statement)* maximum $1000.00 per case	☐ APP	$60 per hour	
Family Team Meetings (GALs and Attorneys paid)	☐ FTM	$70 per meeting	
Misc/Other/Mileage:	☐ MIS		

Extraordinary Fees PLEASE PROVIDE AN ITEMIZED EXPANATION. Rate is $60 per hour.

As it relates to child protective cases, I have consulted with the child's parents and/or guardians, foster care providers and caseworkers. In addition, I have met with and observed the child before every proceeding or hearing and/or reviewed the agency case file.
I declare that the above statements are true to the best of my information, knowledge, and belief.

Date _____ **/s/** _____
Attorney Signature

ORDER

IT IS ORDERED: The above-named attorney 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 Treasurer.

Date _____ **/s/** _____
Circuit/Probate Judge

Please Return to: OFFICE OF THE COURT ADMINISTRATOR
OAKLAND COUNTY CIRCUIT COURT
1200 N. TELEGRAPH ROAD, DEPT 404
PONTIAC, MI 48324-0404

Questions? Call (248) 858-1803 **e-mail**: voucher@oakgov.com

Attach File Email

ORI MI-630013J