

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>STATEMENT OF SERVICE AND          ORDER FOR PAYMENT OF          COURT-APPOINTED REPRESENTATIVE</b>	<b>CASE NO.</b>
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ORI MI- \_\_\_\_\_ Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ _____	<b>v</b>	Defendant/Respondent name, address, and telephone no. _____ _____ _____			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">CTN</td> <td style="width:33%; text-align: center;">SID</td> <td style="width:33%; text-align: center;">DOB</td> </tr> </table>	CTN	SID	DOB
CTN	SID	DOB			
<input type="checkbox"/> Juvenile <input type="checkbox"/> Probate In the matter of _____					

**STATEMENT OF SERVICE**

1. I, \_\_\_\_\_, was appointed by the court to serve as the  
 Name (type or print)  
 \_\_\_\_\_ for \_\_\_\_\_, and services have been rendered.  
 Specify attorney, lawyer-guardian ad litem, etc. Name (type or print)
2. Compensation from any other source is not being sought.
3. Dates and the nature of services rendered and expenses are as follows:

DATE	SERVICE/EXPENSE	TIME

DATE	SERVICE/EXPENSE	TIME

Date _____	Attorney/Guardian ad litem/Lawyer-Guardian ad litem signature _____ Bar no. _____
Federal identification no. _____	Address _____
	City, state, zip _____ Telephone no. _____

**ORDER FOR PAYMENT**

I certify that \_\_\_\_\_ was appointed to represent the named defendant/respondent/child(ren) and that the service was rendered.

**IT IS ORDERED** \_\_\_\_\_ disbursing officer shall pay \$ \_\_\_\_\_ to  
 District control unit/County

\_\_\_\_\_ to compensate him/her for all time and expense in connection with this case.  
 Name (type or print)

Date _____	Judge _____ Bar no. _____
Check no. _____ in the amount of \$ _____ issued on _____ . Date	