

For Mental Health cases, use Mental Health Statement of Services form

In the matter of \_\_\_\_\_  
Complete separate Statement of Services for each file unless companion cases.

Attorney Name \_\_\_\_\_ Phone # \_\_\_\_\_ P # \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_ Appointment Date \_\_\_\_\_

I was appointed to serve as  Attorney or  GAL for: \_\_\_\_\_  
This is a complete and accurate record of the services I rendered. Name \_\_\_\_\_

<u>APPOINTMENT TYPE</u>	<u>Code</u>	<u>Fee per case</u>	<u>Hearing date(s)</u>
<input type="checkbox"/> Petition dismissed before hearing	PTD	\$120	_____
<input type="checkbox"/> Decedent Estate with insufficient funds	DEC	\$215	_____
<input type="checkbox"/> Temp/Emerg Guardianship or Conservatorship hearing	EMT	\$215/temporary/emergency hrg.	_____
<input type="checkbox"/> Minor/Adult conservatorship with insufficient funds	MIC/ADC	\$215	_____
<input type="checkbox"/> Minor/Adult guardianship	MIG/LIP	\$215	_____
<input type="checkbox"/> Developmentally Disabled Person	DDP	\$215 (Atty or GAL)	_____
<input type="checkbox"/> Adjournment (in court/no notice)	ADJ	\$50	_____

<u>ADDITIONAL MATTERS</u>			
<input type="checkbox"/> Jury Trial	JUR	\$350	_____
<input type="checkbox"/> GAL report/no hearing	REP	\$120	_____
<input type="checkbox"/> Review Hearing/Status Conference	REV	\$215	_____
<input type="checkbox"/> Extraordinary Fees (Provide an itemized explanation)	EXT	\$60/hour	<b>Total \$</b> _____
<input type="checkbox"/> Appeals (\$500 maximum)	APP	\$60/hour	<b>Total \$</b> _____

Excess Travel (calculated from courthouse):  50 to 74 Miles \$25.00  75 to 99 Miles \$37.50  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  
Telephone (248) 452-2078 Fax (248) 975-9877