

In the matter of \_\_\_\_\_

Independent Evaluator Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Date Evaluated \_\_\_\_\_  
Date

<b>Total Hours</b>	<b>Rate</b>	<b>Amount (\$300 max.)</b>
	X \$75 per hour	=

Court Testimony by Independent Evaluator on \_\_\_\_\_  
Date

<b>Total Hours</b>	<b>Rate</b>	<b>Amount</b>
	X \$75 per hour	=

Excess Travel

50 to 74 Miles \$25.00     75 to 99 Miles \$37.50     100 + Miles \$50.00

<b>Amount</b>
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**TOTAL AMOUNT =**

I declare under the penalties of perjury that the evaluation was  faxed  chambers  
 delivered to:  attorney  court staff on \_\_\_\_\_  
Date

and that I have attached a copy of the court order.

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

Please Return to: OAKLAND COUNTY PROBATE COURT to either:  
ATTN: VICKI SPICER (Mentally Ill Matters) @ FAX (248) 858-1578  
ATTN: CAROL ESHER (Guardianship or Conservatorship Matters) @ FAX (248) 975-9607

**FOR COURT USE ONLY**

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

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

Mental Health 10100-3040403-124015-731206