

STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY FAMILY	REQUEST AND ORDER FOR PAYMENT OF COURT APPOINTED COUNSEL (DOMESTIC/PPO)	CASE NO.
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In the matter of _____

Attorney name _____ P # _____ Phone # _____

Address _____ City _____ State _____ Zip _____ Vendor ID _____

Appointment Date _____ Circuit Court Judge _____

The above-named attorney was appointed to represent the party listed above. A complete and accurate record of services rendered appears on the time sheet below. 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)]

Related Case # (if applicable) _____

*A voucher must be completed for each case

FAMILY DIVISIONS PROCEEDINGS	FEE PER CASE	HEARING DATES												
<input type="checkbox"/> PPO/Domestic/Family Standby Attorney (\$360 minimum or total of case assignments, whichever is greater) <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <i>List Case #s Called/Heard</i> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 15px;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td style="height: 15px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td><td></td><td></td></tr> </table>													\$ 360 / ½ day	
<input type="checkbox"/> Violation of Personal Protection Order (PPO) Hearing Held	\$ 225 (1 st hour)													
<input type="checkbox"/> Extended hearing on Violation of Personal Protection Order (PPO)	\$ 90 / hour													
<input type="checkbox"/> Additional Violation of PPO Hearings Adjourned by Court/On the Record (maximum of 3)	\$ 90 / hearing													
<input type="checkbox"/> PPO Delayed Sentence follow up hearing	\$ 135 / hearing													
<input type="checkbox"/> PPO Review	\$ 150 / hearing													
<input type="checkbox"/> PPO Bench Warrant	\$ 150 / hearing													
<input type="checkbox"/> Friend of the Court Show Cause / Show Cause for failure to pay court costs	\$ 225 / hearing													
<input type="checkbox"/> Friend of the Court Bench Warrant / Retained Out without notice	\$ 135 / event													
<input type="checkbox"/> Extraordinary Fee (provide itemized explanation)	\$ 90 / hour													
<input type="checkbox"/> Other:	\$													

I have not received any compensation from any source for handling this case. I have no expectation of receiving nor will I accept any other compensation.

Date _____ /s/ _____
Attorney Signature

ORDER

IT IS ORDERED: The above-named attorney was appointed to represent this defendant/respondent 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 Treasurer.

Date _____ /s/ _____
Circuit Judge

Email completed form to: voucher@oakgov.com
 *Form must be fillable when submitted to the court for submission
Questions? Call (248) 858-0847