| STATE OF MICHIGAN<br>PROBATE COURT<br>COUNTY OF OAKLAND | STATEMENT OF SERVICES AND ORDER FOR PAYMENT – MENTAL HEALTH | CASE NO.<br><br>See below |
|---|---|---|

Attorney Name _____ Phone # _____ P# _____

Address _____ Vendor ID# _____

City, State, Zip _____ Appointment Date _____

I was appointed to serve as attorney. This is a complete and accurate record of the services I rendered.

**MENTAL HEALTH MATTERS HEARD IN OAKLAND COUNTY** (*For out-of-county see below*)

☐ I was appointed to 1/3 of the Mental Health docket of the week of _____, which included the hearing dates of _____ and _____. I provided representation for the cases indicated on the **attached** court-issued Attorney Assignment Logs. I request payment of the set ***ATW fee*** of **$1200** for the week.

☐ Add $50 for each hearing adjourned to **another week.** _____ *(*Indicated on the attached Log*). ***ADJ* Total $** _____
No. of adjournments

**VIDEO HEARING AT CENTER FOR FORENSIC PSYCHIATRY** *(Submit one statement per hearing date)*

☐ Hearing date _____ Attach Docket: # of cases _____ x $120 ***FCV* Total $** _____

**ADDITIONAL MATTERS**

In the matter of _____ Case No. _____
*Complete a separate Statement of Services for each file.*

| | | | |
|---|---|---|---|
| ☐ Mental Health Case Out-of-County | ☐ Patient Deferred *(Remote)* | *DEF* ($60) | Date _____ |
| | ☐ Patient Deferred *(In-Person)* | *DEF* ($75) | Date _____ |
| | ☐ Deferral and Hearing | *HOS* ($120) | Date _____ |
| | ☐ In-Court Adjournment | *ADJ* ($50) | Date _____ |
| ☐ Jury Trial | | *JUR* ($400) | Date _____ |

☐ Other: _____

**OTHER**

☐ Extraordinary Fees (PLEASE PROVIDE AN ITEMIZEDEXPLANATION) $75/hour ***EXT* Total $** _____
☐ Appeals ($1000 max) (*Attach itemized statement*) $100/hour ***APP* Total $** _____

Excess Travel [***MIS*** *(calculated from courthouse)*]: ☐ 50 to 74 Miles $25.00 ☐ 75 to 99 Miles $37.50 ☐ 100 + Miles $50.00

I declare under the penalties of perjury that the above statements are true to the best of my information, knowledge, and belief.

_____ /s/ _____
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.

_____ /s/ _____
Date Probate Judge

Please Return to: BUSINESS OFFICE
OAKLAND COUNTY CIRCUIT COURT Telephone:
(248) 858-0847
E-mail: voucher@oakgov.com
*Form must be fillable when submitted to the court for submission