STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY JUVENILE	STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT APPOINTED ATTORNEY/GAL	CASE NO.

In the matter of _____

☐ *Check if the child was placed out of home at any time during the case.*

Attorney name _____ P # _____

Address _____ City _____ State _____ Zip _____

Vendor ID _____

Phone # _____

Appointment Date _____

The above named attorney was appointed to serve as attorney/GAL for _____ (Name). A complete and accurate record of service rendered appears on the time sheet below.

Hearing officer: _____ **Judge:** _____

PROCEEDING PHASE	PHASE	FEE PER CASE	HEARING DATE(S)
Preliminary Phase (Preliminary and Initial/Pretrial hearings)	☐ I	$300	
Pretrial/Disposition Phase (one hearing/one day)	☐ I-A	$425	
Plea or Dismissal Phase (multiple hearings/multiple days)	☐ II	$675	
Trial or Permanent Wardship (testimony taken)	☐ III	$1,000	
Each Additional ½ Day of Trial	☐	$300 per ½ day	

COURT PROCEEDING TYPE	CODE	FEE	HEARING DATE(S) OR HOUR(S)
Neglect Dispositional Review Hearings	☐ NDR	$225 per hearing	
Pre-Termination Permanency Planning Hearings	☐ PPH	$250 per hearing	
Delinquent Dispositional Review Hearings	☐ DDR	$150 per hearing	
L-GAL/GAL Additional Dispositional Hearing for Parent/Guardian	☐ ADH	$225 per hearing	
Permanent Custody Review Hearings *(inc. Post-Term. Perm. Plan)*	☐ PCR	$150 per hearing	
Motion *(court hearing time only)*	☐ MTN	$120 per hour	
Adoption Hearings	☐ ADO	$300 per ½ day	
Parental Waiver/Bypass *(attach signed order appointing)*	☐ PAR	$300 per case	
Saturday Preliminary Hearings	☐ SAT	$360 per ½ day	
Standby Attorney *(paid if no cases are assigned)*	☐ SBY	$360 per ½ day	
Appeals *(attach itemized statement)* $2,250 maximum per case	☐ APP	$120 per hour	
Family Team Meetings (GALs and Attorneys paid)	☐ FTM	$110 per meeting	
Additional Preliminary (maximum of 2)	☐ APL	$150 per hearing	
Additional Pretrials (maximum of 3)	☐ APT	$150 per hearing	
Jail/Children's Village (CV) Visit (*in-person only*)	☐ CVV	$120 per visit	
L-GAL/GAL Visit (*in-person only*) *Attach copy of form JC82	☐ LGV	$150 per visit	
Representation for ancillary services in NA cases (attach itemized statement)	☐ REP	$60 per hour	
Continuing Legal Education related to NA cases (yearly maximum $500-attach receipt/verification)	☐ CED	per event	
Misc/Other:	☐ MIS		

Extraordinary Fees PLEASE PROVIDE AN ITEMIZED EXPLANATION. Rate is $90 per hour.

****Verified supplemental information and attachments can be found in the Court File***

As it relates to child protective cases, I have consulted with the child's parents and/or guardians, foster care providers and caseworkers. In addition, I have met with and observed the child before every proceeding or hearing and/or reviewed the agency case file.
I declare 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 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.

_____ /s/ _____

Date **Circuit Judge**

Email completed form to: **voucher@oaklandcountymi.gov**
*Form must be fillable when submitted to the court for submission
Questions? Call (248) 858-1803