

STATE OF MICHIGAN PROBATE COURT COUNTY OF OAKLAND	STATEMENT OF SERVICES AND ORDER FOR PAYMENT – MENTAL HEALTH	CASE NO. 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 ☐ Jury Trial - - - - -	☐ Patient Deferred (Remote) DEF (\$60) ☐ Patient Deferred (In-Person) DEF (\$75) ☐ Deferral and Hearing HOS (\$120) ☐ In-Court Adjournment ADJ (\$50)	Date _____ Date _____ Date _____ Date _____ Date _____ Date _____
--	--	--

☐ Other: _____

OTHER

☐ Extraordinary Fees (PLEASE PROVIDE AN ITEMIZED EXPLANATION)	\$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.

Date	/s/ 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	/s/ Probate Judge
------	----------------------

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