

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
Appointment Date		Vendor ID	
		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												
☐ PPO/Domestic/Family Standby Attorney (\$360 minimum or total of case assignments, whichever is greater) List Case #s Called/Heard <table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																\$ 360 / ½ day	
☐ Violation of Personal Protection Order (PPO) Hearing Held				\$ 225 (1 st hour)													
☐ Extended hearing on Violation of Personal Protection Order (PPO)				\$ 90 / hour													
☐ Additional Violation of PPO Hearings Adjourned by Court/On the Record (maximum of 3)				\$ 90 / hearing													
☐ PPO Delayed Sentence follow up hearing				\$ 135 / hearing													
☐ PPO Review				\$ 150 / hearing													
☐ PPO Bench Warrant				\$ 150 / hearing													
☐ Friend of the Court Show Cause / Show Cause for failure to pay court costs				\$ 225 / hearing													
☐ Friend of the Court Bench Warrant / Retained Out without notice				\$ 135 / event													
☐ Extraordinary Fee (provide itemized explanation)				\$ 90 / hour													
☐ 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 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 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