

STATE OF MICHIGAN CIRCUIT COURT FOR THE COUNTY OF MACOMB	REQUEST FOR PAYMENT OF COURT APPOINTED ATTORNEY FEES (JUVENILE)	Circuit Court Case No. Judicial Aide Case No. FID No.
IN THE MATTER OF: _____		

REQUIRED INFORMATION – PLEASE PRINT OR TYPE:

Attorney Name	Bar No.	Tax I.D. No.
Street Address	Phone Number	Fax Number
City, State, Zip	Date of Appointment	Macomb County Vendor No. (required)

____ Disposition (Date, Type)

In termination cases, counsel representing a parent with multiple children will receive one fee, not a fee per child.

I was appointed to represent _____ in this action. I request payment for the following services pursuant to the indigent fee schedule. (If your request is for simultaneous services in separate case numbers, check the following appropriate blank and reduce the amount requested accordingly. Use a separate form for each case). 2nd simultaneous case (reduce fees by 50%). 3rd simultaneous case (reduce fees by 75%). 4th or simultaneous case, no additional compensation.

	<u>DATE(S) OF SERVICE</u>	<u>FEES</u>
Preliminary Examination: \$100.00	_____	_____
Adjudication Hearing:	_____	_____
<input type="radio"/> Delinquent \$100		
<input type="radio"/> Protective \$100		
Disposition Hearing:	_____	_____
<input type="radio"/> Delinquent \$100		
<input type="radio"/> Protective \$100		
Pre-Trial Hearing:	_____	_____
<input type="radio"/> Pre-Disposition \$100		
<input type="radio"/> Post-Disposition \$100		
Evidentiary/Motion Hearing: \$100.00	_____	_____
Probation Violation Hearing: \$100.00	_____	_____
Show Cause Hearing: \$100.00	_____	_____
Review Hearing: \$75.00	_____	_____
Status Hearing: \$75.00	_____	_____

	<u>DATE(S) OF SERVICE</u>	<u>FEES</u>
Permanency Planning Hearing: \$75.00	_____	_____
Release Hearing: \$75.00	_____	_____
Termination Review Hearing: \$75.00	_____	_____
Plea or Consent of Termination of Parental Rights: \$200.00	_____	_____
Trial (Waiver Hearing, Termination Hearing, Capital Offense):	_____	_____
o Full Day \$300.00		
o Half Day \$150.00		
Trial (Others):	_____	_____
o Full Day \$250.00		
o Half Day \$125.00		
Required appearance resulting in Adjournment of Hearing: \$50.00	_____	_____
Line-Up: \$50.00	_____	_____
Waiver of Parental Consent Hearing: \$100.00	_____	_____
I seek compensation for extraordinary services for the reasons set forth in detail in the attached statement and Order signed by the Judge _____ hours x \$50.00		_____

TOTAL FEES REQUESTED

I understand that payment for extraordinary services is discretionary and may only be available by written motion before the Judge assigned to the case. I have not received compensation from any source in handling this case. I have no expectation of receiving, nor will I accept, any other compensation. I accept the above requested fees as the full and complete payment for services rendered to date in this case.

VERIFICATION UNDER MCR 2.114: I declare that the statements above are true to the best of my information, knowledge, and belief.

Signature of Attorney

Date

A COPY OF THE NOTICE OF APPOINTMENT MUST BE ATTACHED.

FORWARD BILLING TO: OFFICE OF THE JUDICIAL AIDE
MACOMB COUNTY COURT BUILDING
40 N. MAIN, 5TH FLOOR
MOUNT CLEMENS, MI 48043