REQUEST FOR PAYMENT
OF COURT APPOINTED
ATTORNEY FEES
(JUVENILE – DIVERSION CASES)

REQUIRED INFORMATION – PLEASE PRINT OR TYPE:

Attorney Name _____ Bar No. _____ Tax I.D. No. _____

Street Address _____ Phone Number _____ Fax Number _____

City, State, Zip _____ Macomb County Vendor No. **(required)** _____

Hearing (Date, Type) _____

On _____ (date of service) I was appointed for a ☐ half day ($150) ☐ full day ($300) to:

1. Represent: _____

Circuit Court Case Number: _____ In the matter of: _____

2. Represent: _____

Circuit Court Case Number: _____ In the matter of: _____

3. Represent: _____

Circuit Court Case Number: _____ In the matter of: _____

4. Represent: _____

Circuit Court Case Number: _____ In the matter of: _____

5. Represent: _____

Circuit Court Case Number: _____ In the matter of: _____

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 _____

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