

STATE OF MICHIGAN COUNTY OF MACOMB 16TH JUDICIAL CIRCUIT	<b>REQUEST FOR PAYMENT OF COURT APPOINTED ATTORNEY FEES</b>	Circuit Case No. District Case No. J. Aide Acct. No.
PEOPLE OF THE STATE OF MICHIGAN	v	Defendant Name

Attorney Name	Bar No.	Tax I.D. No.
Street Address	Phone No.	Fax No.
City, State, Zip	Date of Appointment	Macomb County Vendor No.
Charge(s)/Type of Case		
Sentence (Date, Type)		

I was appointed to represent the defendant 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 simultaneous case, no additional compensation.

	<u>DATE(S) OF SERVICE</u>	<u>FEES</u>						
<input type="checkbox"/> Initial Preparation: \$100.00	_____	_____						
<input type="checkbox"/> Lineup: (In Macomb, \$50.00; Out, \$100.00)	_____	_____						
<input type="checkbox"/> Waiver of Preliminary Exam: \$50.00	_____	_____						
<input type="checkbox"/> Plea or dismissal instead of preliminary exam: \$100.00	_____	_____						
<input type="checkbox"/> Preliminary Exam:	_____	_____						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Non-Capital</u></td> <td style="text-align: center;"><u>Capital</u></td> </tr> <tr> <td>Half-Day _____ Days x \$125.00</td> <td>_____ Days x \$150.00</td> </tr> <tr> <td>Full Day _____ Days x \$175.00</td> <td>_____ Days x \$200.00</td> </tr> </table>	<u>Non-Capital</u>	<u>Capital</u>	Half-Day _____ Days x \$125.00	_____ Days x \$150.00	Full Day _____ Days x \$175.00	_____ Days x \$200.00	_____	_____
<u>Non-Capital</u>	<u>Capital</u>							
Half-Day _____ Days x \$125.00	_____ Days x \$150.00							
Full Day _____ Days x \$175.00	_____ Days x \$200.00							
<input type="checkbox"/> Waiver of Circuit Court Arraignment: \$50.00	_____	_____						
<input type="checkbox"/> Circuit Court Arraignment/First Conference: \$100.00	_____	_____						
<input type="checkbox"/> Pretrial Conference actually conducted: \$75.00	_____	_____						
<input type="checkbox"/> Appearance Resulting in Remand to District Court: \$50.00	_____	_____						
<input type="checkbox"/> Filing Motion: \$50.00	_____	_____						
<input type="checkbox"/> Wade	_____	_____						
<input type="checkbox"/> Discovery	_____	_____						
<input type="checkbox"/> Remand to District Court	_____	_____						
<input type="checkbox"/> Walker	_____	_____						
<input type="checkbox"/> Quash	_____	_____						
<input type="checkbox"/> Withdraw Plea	_____	_____						
<input type="checkbox"/> Expert Witness(es)	_____	_____						
<input type="checkbox"/> In Limine	_____	_____						
<input type="checkbox"/> Forensic	_____	_____						
<input type="checkbox"/> HYTA/7411 Motion	_____	_____						
<input type="checkbox"/> Motion to Suppress	_____	_____						
<input type="checkbox"/> Other Motion(s): _____	_____	_____						

**DATE(S) OF SERVICE**

**FEES**

Research in support of motion: \$125.00  
(Type of motion: \_\_\_\_\_ )

\_\_\_\_\_

Oral Argument on Motion: \$75.00

\_\_\_\_\_

Evidentiary Hearing: \_\_\_\_\_ Half-Days x \$100.00  
(Circuit Court, with witness(es), per half-day)

\_\_\_\_\_

Adjournment of event not attributable to defense counsel, where  
counsel actually appeared \_\_\_\_\_ Days x \$50.00

\_\_\_\_\_

Guilty Plea (Circuit Court):  
Non-Capital: \$250.00 Capital: \$350.00

\_\_\_\_\_

Circuit Court Trial or Dismissal on Day of Trial:  
Non-Capital (FH) Cases \_\_\_\_\_ Days x \$350.00  
Capital (FC) Cases \_\_\_\_\_ Days x \$500.00

\_\_\_\_\_

Advisory or Paternity Trial Counsel:  
\_\_\_\_\_ Half-Days x \$100.00 \_\_\_\_\_ Full Days x \$200.00

\_\_\_\_\_

Sentence on Date of Plea: \$50.00

\_\_\_\_\_

Sentence on Subsequent Date: \$100.00

\_\_\_\_\_

Deferred Sentence Review Hearing: \$100.00

\_\_\_\_\_

Probation Violation Proceeding: \$125.00

\_\_\_\_\_

Domestic Hearing (no initial preparation fee): \$100.00

\_\_\_\_\_

Appearance at Arraignment on Bench Warrant: \$75.00

\_\_\_\_\_

Extradition Proceedings: \_\_\_\_\_ Hours x \$25.00

\_\_\_\_\_

I seek compensation for extraordinary services for the reasons  
set forth in detail in the attached statement (Order signed by judge must be attached):  
\_\_\_\_\_ Hours x \$25.00

\_\_\_\_\_

Other Services: \_\_\_\_\_ Hours x \$25.00  
(Attach itemized statement)  
(Order signed by judge must be attached).

\_\_\_\_\_

**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