

In the matter of _____

Name(s)

Attorney Name / P Number _____

Phone # _____

Address _____

Vendor ID _____

City, State, ZIP _____

Appointment Date _____

The above named attorney was appointed to serve as attorney or LGAL for _____.
A complete and accurate record of services rendered appears below. Name(s)

At least one child was removed from a parents' home(s) during the pendency of the case: YES NO

CHILD PROTECTIVE PROCEEDINGS

STANDARD PROCEEDINGS THROUGH DISPOSITION	CODE	FEE PER CASE	HEARING COMPLETION DATE
Grant-funded 60 Minute Initial Client Meeting	GFCM	\$200	
Case Resolved at Preliminary Inquiry / Hearing	CRPH	\$200	
Adjudication	ADJ	\$250	
Adjudication with Immediate Disposition	AID	\$300	
Disposition Hearing Following Plea	DFP	\$200	
Trial (includes preparation and disposition, if found responsible)	TRIAL	\$500 per 1 st half day	
Each Additional ½ Day of Trial	TR ADDL	\$300 per ½ day	

POST-DISPOSITION AND OTHER PROCEEDINGS	CODE	FEE PER CASE	HEARING COMPLETION DATE
Dispositional Review Hearing and/or Permanency Planning Hearing	DRH	\$200 per hearing	
Motion/Evidentiary Hearing (hearing time only)	MOT	\$100 per hour	
LGAL Visit (attach JC-82)	GAL	\$100 per visit	
Family Team Meetings (attach DHS-1105)	FTM	\$100 per meeting	
Post-Termination / Placement Review Hearings	PTR	\$100 per hearing	
Saturday Preliminary Hearing	SAT	\$150 per hearing	
Mileage for Out of County Statutorily Required or Court Ordered Visits	TRVL	Not to Exceed \$150	
Appeals (attach Itemized Statement; maximum \$1000 per case)	APP	\$60 per hour	

I declare that the above statements are true to the best of my information, knowledge and belief.

Date _____

Attorney Signature _____

Please Return to: Livingston County Juvenile Court
204 S. Highlander Way
Howell, MI 48843

juvenilecourt@livgov.com

For Court Use Only

Verified By: _____

Date: _____

Total Due: _____