

STATE OF MICHIGAN JUDICIAL DISTRICT 44th JUDICIAL CIRCUIT COUNTY PROBATE	STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT-APPOINTED REPRESENTATIVE	CASE NO.
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Court address: 204 S. Highlander Way, Howell, MI 48843 **Court telephone no.** 517-546-1500

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ _____	v	Defendant/Respondent name, address, and telephone no. _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">CTN</td> <td style="width:33%;">SID</td> <td style="width:33%;">DOB</td> </tr> </table>	CTN	SID	DOB
CTN	SID	DOB			
<input type="checkbox"/> Juvenile <input type="checkbox"/> Probate In the matter of _____					

STATEMENT OF SERVICE

1. I, _____, was appointed by the court to serve as the
Name (type or print)
 _____ for _____, and services have been rendered.
Specify attorney, lawyer-guardian ad litem, etc. Name (type or print)
2. Compensation from any other source is not being sought.
3. Dates and the nature of services rendered and expenses are as follows:

<u>DATE</u>	<u>SERVICE/EXPENSE</u>
_____	<input type="checkbox"/> Adoption Case. Detailed accounting of services with dates is attached.
_____	<input type="checkbox"/> Representation in Ancillary case #_____. Detailed accounting of services with dates is attached.
_____	<input type="checkbox"/> Extraordinary Expenses. Detailed accounting of services with dates and prior authorization of Chief Judge, if applicable are attached.

Date _____	Attorney/Guardian ad litem/Lawyer-Guardian ad litem signature _____ Bar no. _____
Federal identification no. _____	Address _____
	City, state, zip _____ Telephone no. _____

ORDER FOR PAYMENT

I certify that _____ was appointed to represent the named defendant/respondent/child(ren) and that the service was rendered.

IT IS ORDERED _____ disbursing officer shall pay \$_____ to
District control unit/County

_____ to compensate him/her for all time and expense in connection with this case.
Name (type or print)

Date _____	Judge _____ Bar no. _____
Check no. _____ in the amount of \$_____ issued on _____ <small>Date</small>	