

**37<sup>th</sup> DISTRICT COURT – 8300 COMMON ROAD – WARREN, MI 48093 – (586) 574 – 4900**

**REQUEST FOR PAYMENT OF COURT APPOINTED ATTORNEY FEES**

ATTORNEY NAME:	DEFENDANT:
ADDRESS:	
PHONE#:                                  P#:	CASE #:
EMAIL:	

**Date Appointed:** \_\_\_\_\_ **Date of Initial Communication:** \_\_\_\_\_

**In Custody:**  Yes  No **Date of Initial Interview:** \_\_\_\_\_ **Location:** \_\_\_\_\_

	<u>DATE</u>	<u>FEE</u>
( ) Counsel at first appearance <b>\$300 (1/2 Day); \$600 (Full Day)</b>	_____	_____
( ) Pretrial appearance resulting in plea/dismissal <b>\$125.00</b>	_____	_____
( ) Sentence on date of plea <b>\$50.00</b> (new charge or PV)	_____	_____
( ) Sentence on subsequent date <b>\$100.00</b>	_____	_____
( ) Forensic Proceeding <b>\$100.00</b>	_____	_____
( ) Appearance at the court for hearing not resulting in plea/dismissal or defendant FTA <b>\$75.00</b>	_____	_____
( ) Appearance for motion hearing involving written brief <b>\$100.00</b>	_____	_____
( ) District Court trial fees (each ½ day) <b>\$300.00</b>	_____	_____
( ) Probation Violation/Show Cause <b>\$100.00</b>	_____	_____
( ) Prep pleadings/motions/briefs (trial prep/hearing prep/ additional client meetings/appeals/other) <b>\$100.00</b> (per hour)	_____	_____
( ) Public Defender (per ½ day) <b>\$350.00</b>	_____	_____
( ) Initial Interview – <b>\$100.00</b> (per hour)	_____	_____
( ) Jail visit <b>\$25.00</b>	_____	_____
( ) Other; Describe in detail on separate page	_____	_____
<b>TOTAL:</b>	_____	_____

I hereby request payment for my court appoint the following services pursuant to the indigent fee schedule. (If your request is for simultaneous services in separate cases, reduce fees for 2<sup>nd</sup>, 3<sup>rd</sup>, etc. case(s) by 50%.) No compensation has been nor will be received from any other source without reimbursing the appropriate funding unit. I declare that these statements are true to the best of my information, knowledge, and belief.

**Attorney's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ORDER FOR PAYMENT AND REIMBURSEMENT BY DEFENDANT**

The above attorney having been appointed to represent the named defendant and services having been rendered, IT IS ORDERED that the sum of \$\_\_\_\_\_ be paid for legal services rendered in this case. TO THE DEFENDANT: It is further ordered that the above named defendant shall reimburse to the City of Warren the aforementioned sum on or before \_\_\_\_\_.

**Checks or money orders shall be made payable to the: 37<sup>th</sup> District Court.**

DATE	DISTRICT JUDGE	P #
Check No. _____ in the amount of \$ _____, issued on _____ Account #259-9259-82601		
Form No. WDC 1009 (5/20)                                  White – Controller Copy    Yellow – Court Copy    Pink – Defendant Copy    Blue – MIDC Copy		