

37th DISTRICT COURT – 7070 E. TEN MILE RD. – CENTER LINE, MI 48015 – (586) 757-8333

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

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 2nd, 3rd, 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 Center Line the aforementioned sum on or before _____.

Checks or money orders shall be made payable to the: 37th District Court.

DATE DISTRICT JUDGE P #

Check No. _____ in the amount of \$_____, issued on _____ Account #259-9259-82601