

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MAACS STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT APPOINTED COUNSEL (Page 1)	CASE NO.
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Court address

Court telephone no.

INSTRUCTIONS

This form is designed to serve as both the voucher for fees in appellate assigned cases and the case summary attorneys are required to submit to the Michigan Appellate Assigned Counsel System under section 4(6)(c)(ii) of the regulations governing that system. The form should be completed as follows:

1. The attorney, upon completing all work within the scope of the order of appointment (whether that order was for representation in the Court of Appeals or the Supreme Court), should fill out all applicable lines of section I. Apart from basic background information, section I primarily seeks information about the case not readily available from such other sources as appellate court docket entries.
2. The attorney should fill out the fee and expense information in section II completely, then sign and date the declaration. The attorney should leave sections III and IV blank.
3. The attorney should then provide the entire form, with all copies intact, to the trial judge who signed the order of appointment. Counsel may wish to photocopy the form before filing it in case the original is lost.
4. The assigning judge should review the case summary, indicate in section III the fees and expenses actually being approved, and sign and date the form.
5. The court should keep the white copy, return the pink copy to the attorney, and forward the yellow copy to:

Michigan Appellate Assigned Counsel System
 200 N. Washington Square
 Suite 250
 Lansing, MI 48913

I. CASE INFORMATION		1. Attorney name		2. Bar no.		3. Telephone no.	
4. Address							
5. Case name			6. Lower court no.		7. Court of Appeals no.		8. Supreme Court no.
9. Date appointed	10. County		11. Judge		12. Case Type: <input type="checkbox"/> Plea <input type="checkbox"/> Bench <input type="checkbox"/> Jury <input type="checkbox"/> Prob. viol.		13. Transcript length (all transcripts) pp.
14. OFFENSE(S) Include MCL cite				SENTENCES			
15. Client Visit:	Date	Location	Client no.		16. Trial court motion/type:	Date	Result
17. Date of stipulation to dismiss			18. Date of motion to withdraw as counsel		19. Resentencing/Evidentiary hearing:	Date	Result
20. Court of Appeals oral argument: <input type="checkbox"/> Not held <input type="checkbox"/> Held			If held, date and location			21. Disposition:	Date Result

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II. FEE INFORMATION

SERVICES RENDERED <small>Itemize on additional sheet if needed</small>	HOURS	ACTUAL EXPENSES
1. Record review (transcript, court file, PSR/SIR).....	_____	21. Client visit _____ miles x _____ ¢/mile \$ _____
2. Client visit (including travel).....	_____	22. Oral argument _____ miles x _____ ¢/mile \$ _____
3. Other client contact.....	_____	23. Photocopying _____ pages x _____ ¢/page \$ _____
Trial court motions (prepare, appear):		24. Postage..... \$ _____
4. _____ new trial.....	_____	25. Phone calls..... \$ _____
5. _____ withdraw plea.....	_____	26. Other (itemize)..... \$ _____
6. _____ resentencing.....	_____	27. TOTAL EXPENSES: \$ _____
7. Evidentiary hearing (prepare, appear).....	_____	REQUEST FOR PAYMENT
8. Resentencing (prepare, appear).....	_____	28. Fee requested..... \$ _____
9. COA leave application.....	_____	29. Expenses requested..... \$ _____
10. COA motion to remand.....	_____	30. TOTAL AMOUNT REQUESTED \$ _____
11. COA brief on appeal (research, write)	_____	BASIS OF REQUEST
12. COA oral argument (prepare, appear, travel).....	_____	31. <input type="checkbox"/> Fee schedule
13. COA motion for rehearing.....	_____	32. <input type="checkbox"/> Hourly
14. Reply to prosecutor's S Ct appl.....	_____	33. Rate/hour..... \$ _____
15. S Ct leave application.....	_____	34. Maximum allowed (if applicable) \$ _____
16. S Ct brief on leave granted.....	_____	35. <input type="checkbox"/> Motion for extraordinary fees (attach copy)
17. S Ct oral argument.....	_____	
18. Administrative* _____	_____	
19. Other _____	_____	
20. TOTAL HOURS:	_____	

*e.g. correspondence, filing claim, procuring records and transcripts, housekeeping motions, transmitting records to client or substitute counsel.

I declare that I was appointed by the court to serve as appellate counsel for the named defendant, and that above is a true statement of uncompensated services rendered and expenses incurred by me in the conduct of that appeal to the best of my information, knowledge, and belief.

Date

Attorney signature

III. ORDER FOR PAYMENT

I certify that the above attorney was appointed to represent the named defendant, and the service was rendered.

IT IS ORDERED the City/County of _____ pay the above attorney \$ _____ in fees and \$ _____ in expenses, for a total of \$ _____ in compensation for all time and expense in connection with this case.

Date

Judge

Bar no.

IV. COURT USE ONLY