

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT-APPOINTED REPRESENTATIVE	CASE NO. and JUDGE
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ORI _____ Court address _____ Court telephone no. _____
MI- _____

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____	v	Defendant's/Respondent's name, address, and telephone no. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">CTN/TCN</td> <td style="width:40%;">SID</td> </tr> </table>	CTN/TCN	SID
CTN/TCN	SID			
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:

DATE	SERVICE/EXPENSE	TIME

DATE	SERVICE/EXPENSE	TIME

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)

Judge signature and date

Check no. _____ in the amount of \$ _____ issued on _____ .
Date