

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

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____	<b>v</b>	Defendant's/Respondent's name, address, and telephone no.  <table border="1" style="width: 100%;"> <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)

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\_\_\_\_\_  
Judge signature and date

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