

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

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ _____	v	Defendant/Respondent name, address, and telephone no. _____ _____ _____			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">CTN</td> <td style="width:33%;">SID</td> <td style="width:33%;">DOB</td> </tr> </table>	CTN	SID	DOB
CTN	SID	DOB			
<input type="checkbox"/> Juvenile <input type="checkbox"/> Probate 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.

NOTE: If requesting payment for services rendered as a lawyer-guardian ad litem, you must attach Form JC 82, Affidavit of Service Performed by Lawyer-Guardian Ad Litem.

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)

Date

Judge Bar no.

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