

Account: 802.00

Vendor#:

Document #:

STATE OF MICHIGAN PROBATE COURT COUNTY OF KALAMAZOO	COURT APPOINTED REPRESENTATIVE VOUCHER FOR SERVICES	FILE NO:
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Court Address
1536 Gull Road, Kalamazoo, MI 49048

Court Telephone No.
269-383-8666

In the matter of: _____

MENTAL HEALTH SERVICES

I wish to be paid at Kalamazoo County's rate:

Date	Event	Amount
_____	Deferral Hearing - \$50.00	_____
_____	60 Day Hearing - \$125.00	_____
_____	2 nd /Continuing Hearing - \$50.00	_____
_____	Follow-up Hearing - \$50.00	_____
_____	Other: _____	_____

The hearing was held in _____ county and I wish to be paid at that rate.*

Date	Event	Amount
<input type="checkbox"/> See Attached Billing Statement		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**All out of county rates will be verified*

GAL/ATTORNEY SERVICES:

Rate: \$40.00/hour for out of court time
\$55.00/hour for in court time

Date	Event	Amount
<input type="checkbox"/> See Attached Billing Statement		
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PAYMENT DUE:

\$

I certify I was appointed by the court to serve as the Attorney Guardian ad Litem for the above named individual and the above services have been rendered. I certify that compensation from any other source is not being sought.

Date

Attorney/Guardian ad Litem Signature Bar no.

Attorney Name (Printed)

Address

City, State, Zip Telephone no