Account: 802.00 Vendor#: Document #:

STATE OF MICHIGAN PROBATE COURT COUNTY OF KALAMAZOO	**COURT APPOINTED REPRESENTATIVE VOUCHER FOR SERVICES**	FILE NO:

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	_____
_____	2nd/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
☐ 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
☐ 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

KCPC 07 (02/2017)

Court approval initials: _____