STATE OF MICHIGAN 7TH JUDICIAL CIRCUIT GENESEE COUNTY	DEPARTMENTAL VOUCHER DISTRICT COURT FC CASES	CASE NO.

Defendant Name: _____

_____ Attorney name

_____ Judge

Voucher Amount: $ 0.00

COMMENT:

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COUNTY OF GENESEE - PETITION OF APPOINTED COUNSEL FOR FEES

(Check If Applicable)	AUTHORIZED FEE	REQUESTED FEE
☐ Probable Cause Conference (Date: _____)	$100.00	_____
☐ Preparation for Exam	400.00	_____
☐ Felony plea on day of PCC or PE	200.00	_____
☐ Jail visit Date 1: _____	30.00	_____
Date 2: _____	30.00	_____
Date 3: _____	30.00	_____
☐ Attending Exam – No Testimony taken	50.00	_____
☐ Exam Conducted (Date: _____) (Date: _____)	175.00	_____
☐ Standard FC Discovery Copies (up to 150 pages)	15.00	_____
☐ Additional Copies @ .10c per page	.10 x _____	_____
☐ Reviewed Sentencing Guidelines with Client		
Less payment received from other sources		_____

Is this a straddle cell case:

TOTAL FEES requested to be paid by county $ 0.00

I hereby certify that I have necessarily performed the services for which the above fees are requested, and that I have been paid no other fee except as set forth above. I declare that the representations above are true and accurate under the penalty of perjury.

Signed: _____ Counsel Date _____

I have reviewed the above petition and approve the requested fee.

Approved By: _____ Court Admin. Date: _____

Signed: _____ Chief Circuit Judge Date: _____

GC 2387 2-19-15

Submit Voucher