

Defendant Name: \_\_\_\_\_

\_\_\_\_\_  
Attorney name

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Voucher Amount:

COMMENT:

=====

COUNTY OF GENESEE - PETITION OF APPOINTED COUNSEL FOR FEES

(Check If Applicable)	AUTHORIZED FEE	REQUESTED FEE
<input type="checkbox"/> Probable Cause Conference (Date: _____ )	\$100.00	_____
<input type="checkbox"/> Felony plea on day of PCC or PE	200.00	_____
<input type="checkbox"/> Jail visit Date: _____	30.00	_____
<input type="checkbox"/> Exam Conducted (Date: _____ ) (Date: _____ )	75.00	_____
<input type="checkbox"/> Misdemeanor Plea (Date: _____ )	50.00	_____
<input type="checkbox"/> Misdemeanor Sentencing (Date: _____ )	50.00	_____
<input type="checkbox"/> Standard FH Discovery Copies (up to 50 pages )	5.00	_____
<input type="checkbox"/> Additional Copies @ .10c per page	.10 x _____	_____

No Comment  
Area

Less payment received from other sources \$ \_\_\_\_\_

Is this a straddle cell case:

TOTAL FEES requested to be paid by county \$ \_\_\_\_\_

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: \_\_\_\_\_