

Defendant Name: _____

Attorney name

Vendor ID

Judge

Voucher Amount:

COMMENT:

=====

COUNTY OF GENESEE - PETITION OF APPOINTED COUNSEL FOR FEES

(Check If Applicable)

AUTHORIZED
FEE

REQUESTED
FEE

Probable Cause Conference (Date: _____)

\$100.00

Felony plea on day of PCC or PE

200.00

Jail visit Date: _____

30.00

Exam Conducted (Date: _____) (Date: _____)

75.00

Misdemeanor Plea (Date: _____)

50.00

Misdemeanor Sentencing (Date: _____)

50.00

Standard FH Discovery Copies
(up to 50 pages)

5.00

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: _____