



**GENESEE COUNTY**  
OFFICE OF THE PUBLIC DEFENDER

DEFENDER PROGRAM  
GENESEE COUNTY

ATTORNEY FEE PETITION  
CIRCUIT COURT  
FH CASES

Case Number:

(ex. 18-012345FH)

Attorney Name:

Judge:

Defendant Name:

Extraordinary services (affidavit required)

Total Fees Requested

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.

Sign: \_\_\_\_\_ Counsel Date

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

Approved By: \_\_\_\_\_ Defender Admin. Date