



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: _____ Court Admin. Date

Signed: _____ Circuit Judge Date