



GENESEE COUNTY
OFFICE OF THE PUBLIC DEFENDER

DEFENDER PROGRAM
GENESEE COUNTY

ATTORNEY FEE PETITION
DISTRICT COURT
FC CASES

Case Number:

(ex. 18T00123)

Attorney Name:

Judge:

Defendant Name:

Reviewed Sentencing Guidelines with Client

Is this a straddle cell case?

Total Fees Requested

| | | Authorized Fee | Requested Fee |
|---|---------------------------|----------------|---------------|
| Probable Cause Conference | Date <input type="text"/> | \$100.00 | |
| | Date <input type="text"/> | \$50.00 | |
| | Date <input type="text"/> | \$50.00 | |
| | Date <input type="text"/> | \$50.00 | |
| Preparation for Exam | | \$400.00 | |
| Felony plea on day of PCC or PE | Date <input type="text"/> | \$200.00 | |
| Attorney Client Conference (verification form must be attached) | Date <input type="text"/> | \$50.00 | |
| | Date <input type="text"/> | \$50.00 | |
| | Date <input type="text"/> | \$50.00 | |
| Attending Exam - No Testimony taken | Date <input type="text"/> | \$50.00 | |
| Exam Conducted | Date <input type="text"/> | \$175.00 | |
| | Date <input type="text"/> | \$175.00 | |
| | Date <input type="text"/> | \$175.00 | |
| | Date <input type="text"/> | \$175.00 | |
| Standard FC Discovery Copies (up to 150 pages) | | \$15.00 | |
| Additional Copies @ .10c per page | | | |

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