



7TH JUDICIAL
CIRCUIT COURT

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

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: _____ Chief Circuit Judge

Date