



DEFENDER PROGRAM
GENESEE COUNTY

ATTORNEY FEE PETITION
DISTRICT COURT
FH 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	
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	
.....			
Attending Exam - No Testimony taken	Date <input type="text"/>	\$40.00	
Exam Conducted	Date <input type="text"/>	\$75.00	
	Date <input type="text"/>	\$75.00	
	Date <input type="text"/>	\$75.00	
Misdemeanor Plea	Date <input type="text"/>	\$50.00	
Misdemeanor Sentencing	Date <input type="text"/>	\$50.00	
Standard FH Discovery Copies (up to 50 pages)		\$5.00	
Additional Copies @ .10c per page			x

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