

STATEMENT OF SERVICES
AND
ORDER FOR COMPENSATION

PO _____

IN _____
Office use only

Address: Kent County Courthouse, 180 Ottawa Ave, NW, Suite 3200-A, Grand Rapids, MI 49503-2751 Phone: (616) 632-5664

Judge: _____

Firm Name: _____

Date of Case Assignment: _____

Attorney: _____

Defendant Name: _____

Address: _____

CASE NUMBER/AMOUNT:

New Case Numbers:

_____	X \$150.00	\$ _____
_____	X \$ 50.00	\$ _____
_____	X \$ 50.00	\$ _____
_____	X \$ 50.00	\$ _____
_____	X \$ 50.00	\$ _____
_____	X \$ 50.00	\$ _____

Probation/Bond Violations Case Numbers:

_____	X \$ 50.00	\$ _____
_____	X \$ 50.00	\$ _____

Trial (Jury and Non-Jury):

Date: _____ \$35.00 per hour (not to exceed \$245.00 per day) x _____ hours = \$ _____

Extraordinary Service Expense:

Prior written approval of the Judge and itemized statement must be attached. \$ _____

TOTAL \$ _____

Have you previously submitted a Statement of Service/Order for Compensation on any of the cases listed here?

Yes No Notes/Comments: _____

Statement of Attorney:

I have provided the above services. I have not received compensation for these services from the defendant or any other source.

Date: _____ Attorney Signature: _____ Bar Number: P _____