STATE OF MICHIGAN 44TH CIRCUIT COURT LIVINGSTON COUNTY JUVENILE DIVISION	STATEMENT OF SERVICES FOR PAYMENT OF COURT APPOINTED ☐ ATTORNEY ☐ LGAL	CASE NO.

In the matter of _____
Name(s)

Attorney Name / P Number _____ Phone # _____

Address _____ Vendor ID _____

City, State, ZIP _____ Appointment Date _____

The above named attorney was appointed to serve as ☐ attorney or ☐ LGAL for _____.
Name(s)
A complete and accurate record of services rendered appears below.

At least one child was placed out of the home under the care and supervision of MDHHS during the pendency of the case: ☐ YES ☐ NO

CHILD PROTECTIVE PROCEEDINGS			
STANDARD PROCEEDINGS THROUGH DISPOSITION	**CODE**	**FEE PER CASE**	**HEARING COMPLETION DATE**
Case Resolved at Preliminary Phase	CRPH	$300	
Adjudication with Immediate Disposition	AID	$425	
Adjudication with Separate Disposition or Dismissal (Multiple Hearings)	DFP	$675	
Trial (includes preparation and disposition, if found responsible)	TRIAL	$1000 per 1st half day	
Each Additional ½ Day of Trial	TR ADDL	$300 per ½ day	

OTHER PROCEEDINGS	CODE	FEE PER CASE	HEARING COMPLETION DATE
Dispositional Review Hearing and/or Permanency Planning Hearing	DRH	$250 per hearing	
Motion/Evidentiary Hearing (hearing time only)	MOT	$125 per hour	
LGAL Visit (attach JC-82)	GAL	$150 per visit	
Family Team Meetings (attach DHS-1105)	FTM	$125 per meeting	
Miscellaneous Review Hearings	PTR	$150 per hearing	
Saturday Preliminary Hearing	SAT	$225 per hearing	
Mileage for Out of County Statutorily Required or Court Ordered Visits	TRVL	Not to Exceed $150	
Appeals (attach Itemized Statement; maximum $2250 per case)	APP	$120 per hour	

I declare that the above statements are true to the best of my information, knowledge, and belief.

Date _____ Attorney Signature _____

Please Return to: Livingston County Juvenile Court
204 S. Highlander Way
Howell, MI 48843

juvenilecourt@livgov.com

For Court Use Only

Verified By: _____

Date: _____

Total Due: _____