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 _____ Phone # _____ P# _____

Address _____ Vendor ID _____

City, State, ZIP _____ Appointment Date _____

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

DELINQUENCY PROCEEDINGS

STANDARD PROCEEDINGS THROUGH DISPOSITION	CODE	FEE PER CASE	HEARING COMPLETION DATE
Case Resolved at Preliminary Inquiry / Hearing / Diversion / Consent	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 JUVENILE PROCEEDINGS	CODE	FEE PER CASE	HEARING COMPLETION DATE
Motion/Evidentiary Hearing (hearing time only)	MOT	$125 per hour	
Miscellaneous Reviews	REV	$150	
Saturday Preliminary Hearing	SAT	$225	
Probation Violations / Plea + Disposition	PVP	$300	
Probation Violation / Evidentiary Hearing + Disposition	PVH	$425	

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: _____