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| STATE OF MICHIGAN WASHTENAW COUNTY TRIAL COURT 22ND JUDICIAL DISTRICT | STATEMENT OF SERVICE FOR INDIGENT DEFENSE | CASE: JUDGE: |
|---|--|------------------------------|

Address: 101 E. Huron, Ann Arbor, 48104

Phone: 734-222-3270 Fax: 734-222-3077

The People of the State of Michigan v _____

Fee information—Services rendered (itemize on additional sheet if necessary)

| | Date(s) | Hours |
|--|---------|-------|
| 1. District Court Appearance: | | |
| Preliminary Exam..... | _____ | _____ |
| Other..... | _____ | _____ |
| 2. Client Visit..... | | |
| 3. Other Client Contact-Circuit Court Appearances: | | |
| Arrest..... | _____ | _____ |
| Pretrial conference..... | _____ | _____ |
| Motions..... | _____ | _____ |
| Trial (Jury/Non)..... | _____ | _____ |
| Sentencing..... | _____ | _____ |
| Other (specify)_____ | _____ | _____ |
| TOTAL HOURS..... | | _____ |

| | | |
|---|-----|----|
| Defendant was in custody and control of the Department of Corrections at the time the alleged offense occurred: | | |
| (circle one) | Yes | No |

I declare that I was appointed by the court to serve as counsel for the named defendant, and that the above is a true statement of uncompensated service rendered and expenses incurred by me in the conduct of that appointment to the best of my information, knowledge and belief.

Date: _____ P _____
Attorney's Signature