

<b>STATE OF MICHIGAN WASHTENAW COUNTY TRIAL COURT 22<sup>ND</sup> JUDICIAL DISTRICT</b>	<b>STATEMENT OF SERVICE FOR APPEAL OF AN INDIGENT PERSON</b>	<b>CASE:  JUDGE:</b>
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Address: 101 E. Huron, Ann Arbor, 48104

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

**The People of the State of Michigan v** \_\_\_\_\_

Date appointed: \_\_\_\_\_ Case type:  Plea  Jury  Bench  Prob. Viol.

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

**Date(s)**

**Hours**

- |  |       |       |
|--|-------|-------|
| 1. Investigation and research.....                 | _____ | _____ |
|  | _____ | _____ |
| 2. Out-of-county jail or prison<br>visit.....      | _____ | _____ |
|  | _____ | _____ |
| 3. County jail visit.....                          | _____ | _____ |
| 4. Preparation and filing of brief.....            | _____ | _____ |
| 5. Appearance of oral argument.....                | _____ | _____ |
| 6. Expenses—mileage, copies<br>postage, phone..... | _____ | _____ |
| 7. Other (specify)_____                            | _____ | _____ |
|  | _____ | _____ |
|  | _____ | _____ |

TOTAL HOURS.....\_\_\_\_\_

Disposition: Date \_\_\_\_\_ Result \_\_\_\_\_

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