

STATE OF MICHIGAN WASHTENAW COUNTY TRIAL COURT 22ND JUDICIAL DISTRICT	STATEMENT OF SERVICE FOR APPEAL OF AN INDIGENT PERSON	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 _____

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
visit..... | _____ | _____ |
| | _____ | _____ |
| 3. County jail visit..... | _____ | _____ |
| 4. Preparation and filing of brief..... | _____ | _____ |
| 5. Appearance of oral argument..... | _____ | _____ |
| 6. Expenses—mileage, copies
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