

<b>STATE OF MICHIGAN WASHTENAW COUNTY TRIAL COURT 22<sup>ND</sup> JUDICIAL DISTRICT</b>	<b>STATEMENT OF SERVICE FOR INDIGENT DEFENSE</b>	<b>CASE:  JUDGE:</b>
---	--	------------------------------

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