

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>MAACS STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT APPOINTED COUNSEL (Page 1)</b>	<b>CASE NO.</b>
Court address		Court telephone no.

**INSTRUCTIONS**

This form is designed to serve as both the voucher for fees in appellate assigned cases and the case summary attorneys are required to submit to the Michigan Appellate Assigned Counsel System under section 4(6)(c)(ii) of the regulations governing that system. The form should be completed as follows:

1. The attorney, upon completing all work within the scope of the order of appointment (whether that order was for representation in the Court of Appeals or the Supreme Court), should fill out all applicable lines of section I. Apart from basic background information, section I primarily seeks information about the case not readily available from such other sources as appellate court docket entries.
2. The attorney should fill out the fee and expense information in section II completely, then sign and date the declaration. The attorney should leave sections III and IV blank.
3. The attorney should then provide the entire form, with all copies intact, to the trial judge who signed the order of appointment. Counsel may wish to photocopy the form before filing it in case the original is lost.
4. The assigning judge should review the case summary, indicate in section III the fees and expenses actually being approved, and sign and date the form.
5. The court should keep the white copy, return the pink copy to the attorney, and forward the yellow copy to:

Michigan Appellate Assigned Counsel System  
 Hollister Building, Suite 365  
 106 W. Allegan  
 Lansing, MI 48913

<b>I. CASE INFORMATION</b>		1. Attorney name		2. Bar no.	3. Telephone no.
4. Address				5. Social Security/Tax ID no.	
6. Case name			7. Lower court no.	8. Court of Appeals no.	9. Supreme Court no.
10. Date appointed	11. County	12. Judge		13. Case type: <input type="checkbox"/> Plea <input type="checkbox"/> Bench <input type="checkbox"/> Jury <input type="checkbox"/> Prob. viol.	14. Transcript length (all transcripts) pp.
15. <b>OFFENSE(S)</b> Include MCL cite			<b>SENTENCES</b>		
16. Client Visit:	Date	Location	Client no.	17. Trial court motion/type:	Date    Result
18. Date of stipulation to dismiss		19. Date of motion to withdraw as counsel		20. Resentencing/Evidentiary hearing:	Date    Result
21. Court of Appeals oral argument: <input type="checkbox"/> Not held <input type="checkbox"/> Held			If held, date and location		22. Disposition:    Date    Result

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>MAACS STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT APPOINTED COUNSEL (Page 2)</b>	<b>CASE NO.</b>
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Court address

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**II. FEE INFORMATION**

**SERVICES RENDERED** Itemize on additional sheet if needed

**ACTUAL EXPENSES**

- |  | HOURS |
|--|-------|
| 1. Record review (transcript, court file, PSR/SIR) . . . . | _____ |
| 2. Client visit (including travel) . . . . .               | _____ |
| 3. Other client contact. . . . .                           | _____ |
| Trial court motions (prepare, appear):                     |       |
| 4. _____ new trial . . . . .                               | _____ |
| 5. _____ withdraw plea . . . . .                           | _____ |
| 6. _____ resentencing. . . . .                             | _____ |
| 7. Evidentiary hearing (prepare, appear) . . . . .         | _____ |
| 8. Resentencing (prepare, appear) . . . . .                | _____ |
| 9. COA leave application. . . . .                          | _____ |
| 10. COA motion to remand . . . . .                         | _____ |
| 11. COA brief on appeal (research, write)                  | _____ |
| 12. COA oral argument (prepare, appear, travel) . . . . .  | _____ |
| 13. COA motion for rehearing . . . . .                     | _____ |
| 14. Reply to prosecutor's S Ct appl. . . . .               | _____ |
| 15. S Ct leave application . . . . .                       | _____ |
| 16. S Ct brief on leave granted . . . . .                  | _____ |
| 17. S Ct oral argument . . . . .                           | _____ |
| 18. Administrative* _____                                  | _____ |
| 19. Other _____  | _____ |
| 20. <b>TOTAL HOURS:</b>                                    | ===== |

- 21. Client visit \_\_\_\_\_ miles x \_\_\_\_ ¢/mile \$ \_\_\_\_\_
- 22. Oral argument \_\_\_\_\_ miles x \_\_\_\_ ¢/mile \$ \_\_\_\_\_
- 23. Photocopying \_\_\_\_\_ pages x \_\_\_\_ ¢/page \$ \_\_\_\_\_
- 24. Postage . . . . . \$ \_\_\_\_\_
- 25. Phone calls . . . . . \$ \_\_\_\_\_
- 26. Other (itemize) . . . . . \$ \_\_\_\_\_
- 27. **TOTAL EXPENSES:** \$ \_\_\_\_\_

**REQUEST FOR PAYMENT**

- 28. Fee requested . . . . . \$ \_\_\_\_\_
- 29. Expenses requested . . . . . \$ \_\_\_\_\_

30. **TOTAL AMOUNT REQUESTED** \$ \_\_\_\_\_

**BASIS OF REQUEST**

- 31.  Fee schedule
- 32.  Hourly
- 33. Rate/hour . . . . . \$ \_\_\_\_\_
- 34. Maximum allowed (if applicable) \$ \_\_\_\_\_
- 35.  Motion for extraordinary fees (attach copy)

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

\_\_\_\_\_ Date

\_\_\_\_\_ Attorney signature

\*e.g. correspondence, filing claim, procuring records and transcripts, housekeeping motions, transmitting records to client or substitute counsel.

**III. ORDER FOR PAYMENT**

I certify that the above attorney was appointed to represent the named defendant, and the service was rendered.

**IT IS ORDERED** the City/County of \_\_\_\_\_ pay the above attorney \$ \_\_\_\_\_ in fees and \$ \_\_\_\_\_ in expenses, for a total of \$ \_\_\_\_\_ in compensation for all time and expense in connection with this case.

\_\_\_\_\_ Date

\_\_\_\_\_ Judge \_\_\_\_\_ Bar no.

**IV. COURT USE ONLY**