

Request for Payment—Hourly

Defendant name:	Attorney name:
PD number:	P-number:
District case #:	Circuit case #:
District judge:	Circuit judge:

A case rate = \$192/hr B case rate = \$144/hr C case rate = \$132/hr PV case rate = \$132/hr N,S, & R case rate = \$120/hr

Date	Service Category	Additional Information	Start Time	End Time	Rate	Hours	Total
					TOTALS:		

Please use additional sheets as needed.

5 min = 0.083 hrs 10 min = 0.167 hrs 15 min = 0.25 hrs 20 min = 0.333 hrs 25 min = 0.417 hrs 30 min = 0.50 hrs 35 min = 0.583 hrs 40 min = 0.667 hrs 45 min = 0.75 hrs 50 min = 0.833 hrs 55 min = 0.917 hrs

I acknowledge that I was assigned individually to represent the Defendant in this action. I request payment for the above listed services and affirm that these services were personally performed by me and not a paralegal or someone else on my behalf. I represent that I have no expectation of receiving, and I will not accept, any other compensation in the action other that what is requested.

I further understand that allowable time billed is made pursuant to the Instructions for preparing this form, found on the Public Defender Website (publicdefender.macombgov.org). I understand that this includes my acknowledgement that time for services contained in the Request does not include: travel time to or from court, (except as may be specifically allowed), and time spent tracking time and completing the Request for Payment form.

This Request for Payment does not seek payment for time spent on or billed to other assigned or retained cases. I accept the appropriate fees listed above as full and complete payment of services rendered through the submission date of this Request for Payment. I acknowledge that the above Request for Payment of services and the time spent on these services is true to the best of my information, knowledge and belief.

DATE:	ATTORNEY SIGNATURE:

Contact the Macomb County Office of Public Defender with questions 586-466-8311