

MACOMB COUNTY OFFICE OF PUBLIC DEFENDER

Thomas J. Tomko Macomb County Public Defender

REQUEST FOR PAYMENT – EXPERT

Use this form to submit your request for billing in a case where the fees have been previously approved. (Attach more detailed billing information, if needed). Submit this completed form and the Approval form to: publicdefender@macombgov.org.

Request for payment of Expert Fees are due within 60 days from the last date of service, late submissions may be denied.

NOTE: Amounts NOT pre-approved will NOT be paid.

CASE NAME:	PEOPLE VS.		
CASE NO:	COURT CASE NUMBER	PD #:	PUBLIC DEFENDER CASE NUMBER
COURT:			FUBLIC DEFENDER CASE NUMBER
	COURT NAME (16 th CIRCUIT, 37 th DISTF	RICT, ETC.)	
EXPERT NAME:			
COMPANY:			
ADDRESS:			

PHONE #:

E-MAIL:

DATE	DESCRIPTION	HOURS	PRE- APPROVED RATE	TOTAL
TOTAL				

I was approved to provide expert services in this action (**pre-approval form must be attached**). I request payment in the above case as full and final payment of services provided.

SIGNATURE OF EXPERT

DATE

DATE

REVIEWED BY

Macomb County Office of Public Defender

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