

MACOMB COUNTY OFFICE OF PUBLIC DEFENDER

Thomas J. Tomko Macomb County Public Defender

REQUEST FOR PAYMENT – INVESTIGATOR

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 from to: publicdefender@macombgov.org.

<u>Request for payment of Investigator Fees are due within 60 days from the last date of service, late</u> submissions may be denied.					
CASE NA	ME: <u>PEOPLE VS.</u>				
CASE NO	COURT CASE NUMBER	PDO #:			
COURT:	COURT NAME (16 th CIRCUIT, 37 th DISTRICT, ET	COURT NAME (16 TH CIRCUIT, 37 TH DISTRICT, ETC.)			
INVESTIC	GATOR NAME:				
COMPAN	Y:				
ADDRESS	S:				
PHONE #	: E-MAIL:	E-MAIL:			
DATE	DESCRIPTION	HOURS	PRE- APPROVED RATE	TOTAL	
			TOTAL		
IUTAL					

I was approved to provide investigatory 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 INVESTIGATOR

DATE

REVIEWED BY:

Macomb County Office of Public Defender

22 Market Street • Mount Clemens, MI 48043 • (586) 466-8311 • Email: publicdefender@macombgov.org Website: macombgov.org/publicdefender

DATE