Macomb County Office of Public Defender
22 Market Street
Mount Clemens, MI 48043
Office: 586-466-8311 Fax: 586-466-8310
Email: publicdefender@macombgov.org

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 form to: publicdefender@macombgov.org

Requests for payment of investigator 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.

THIS IS A FILLABLE FORM. TYPE OUT ALL SECTIONS. FAILURE TO COMPLY WILL CAUSE DELAYS.

1. Case information

PD number: _____

Case info: People vs. _____

Court case number

_____

Court name, i.e., 16th Circuit, 37th District, etc.

Investigator info: _____

Investigator name *Company name*

_____

Street address *City, State, ZIP*

_____

Email address *Phone*

2. Services provided

- Dates prior to 10/01/25 are paid at $100/hr. Dates after 10/01/25 are paid at $125/hr.
- Requests for mileage must have a Google map attached.
- Access fees, FOIA fees, copy fees & other expenses which are not pre-approved are not reimbursable.

DATE	DESCRIPTION	HOURS/ MILEAGE	RATE	BILLED
			Choose one	0
			Choose one	0
			Choose one	0
			Choose one	0
			Choose one	0
			Choose one	0
			Choose one	0
			Choose one	0
			TOTAL:	**$0.00**

I was approved to provide investigative 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.

DATE:_____ **INVESTIGATOR SIGNATURE:_____**

SIGN UP FOR DIRECT DEPOSIT: https://app.smartsheet.com/b/form/856f0379cc4c438bbaea2c430ac9763a

FOR ADMINISTRATIVE USE ONLY

REVIEWED BY: _____ **DATE: _____**

Revised 03/09/26