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

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EXPERT REQUEST FOR PAYMENT

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 the email address above.

Requests 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.

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

1. Case information

PD number:_____

People vs. _____ Court case number:_____

Court name:_____

Expert:_____ Company: _____

Address:_____ City, State ZIP:_____

Email:_____ Phone number:_____

2. Services provided:

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

NOTE: Travel expenses, access fees, copy fees & other expenses must be pre-approved.

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.

DATE:_____ **SIGNATURE:** _____

SIGN UP FOR DIRECT DEPOSIT: https://app.smartsheet.com/b/publish?EQBCT=f2f55ca48b9547cb8df9637d86310386

FOR ADMINISTRATIVE USE ONLY

REVIEWED BY: _____ **DATE:** _____

Revised 08/06/2026