

**INVOICE FOR ARRAIGNMENT ATTORNEY / HOUSE COUNSEL  
REGIONAL MANAGED ASSIGNED COUNSEL**

_____ DISTRICT COURT _____ MUNICIPAL COURT		MONTH OF SERVICE _____
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ATTORNEY NAME: \_\_\_\_\_ Bar (P) #: \_\_\_\_\_

Address : \_\_\_\_\_ Phone: \_\_\_\_\_

Date	Description of Services Rendered	Start Time	End Time	Service Hours and Minutes
<b>Total Pay</b>	Total Hours/Minutes _____ Rate of Pay _____			

I declare that I have examined this invoice and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and accurately list all services provided during the course of this billing period.

**Attorney Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Court Personnel Name, Title)

Email to Regional-Invoices@dearborn.gov

<b>Regional MAC Office Use Only</b>	
Payment Authorized by: _____ Signature, Title	Review Date: _____
Account Number: _____	

