

# EXPERT REQUEST FOR PAYMENT

## REGIONAL MANAGED ASSIGNED COUNSEL OFFICE

\_\_\_\_\_ v. \_\_\_\_\_ Case # \_\_\_\_\_  
 Case Name \_\_\_\_\_

District Court \_\_\_\_\_ Vendor Number \* \_\_\_\_\_

Expert Name \_\_\_\_\_ PI License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\* If Expert is not currently a vendor, or is unsure of status, contact the Regional Office at 313-943-3331 or Regional-INV-EXP@dearborn.gov.

Date of Service	Description of Service Provided or Expense	Hours	Rate	Amount
	<b>TOTALS</b>			

Case # \_\_\_\_\_

CERTIFICATION\*\* OF HOURS AND WORK PERFORMED

By signing below, the Investigator and Assigned Counsel certify that the services described above were rendered, and that none of them has been previously paid or invoiced.

\_\_\_\_\_

*Expert Signature*

Date \_\_\_\_\_

\_\_\_\_\_

*Defense Attorney Signature/P-number*

**\*\* Attorney Certification pursuant to MCR 2.114**

Date \_\_\_\_\_

**TO BE COMPLETED BY REGIONAL MAC OFFICE**

**Payment for Expert Services**

APPROVED

TOTAL OF

\$ \_\_\_\_\_

DENIED

\_\_\_\_\_  
Administrator/Date

**Payment for Expert Services**

Requisition submitted to Finance Department  
for payment from Account No. 260-1870-419-34-90

\_\_\_\_\_  
Regional MAC Office Administrator / Date