

REGIONAL MANAGED ASSIGNED COUNSEL OFFICE

EXPERT REQUEST FOR PAYMENT

	V	Casa	#	
Case Name	vv.	Case	π	
District Court	Vendor Number *			
Expert Name				
	Email			
If Expert is not currently a or Regional-INV-EXP@dearb	a vendor, or is unsure of status, contact the Regional Officion.gov.	ce at 313-943-33	331	
Date of Service	Description of Service Provided or Expense	Hours	Rate	Amount
			E	
			P	
	TOTALS	6		

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CERTIFICATION** OF HOURS AND WORK PERFORMED

By signing below, the Investigator and Assigned Counsel cer that none of them has been previously paid or invoiced.	tify that the services described above were rendered, and
	Date
Expert Signature	
	Date
Defense Attorney Signature/P-number ** Attorney Certification pursuant to MCR 2.114	
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

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