



**REQUEST FOR APPEAL OF RMACO DECISION**

Please fill out all applicable information below to request an appeal of an RMACO decision and be sure to include an explanation to support your request.

**Note:** In Pro Per Defendants can only request an appeal of an Expert/Investigator decision.

Date of Request: \_\_\_\_\_

Requesting Attorney \_\_\_\_\_ P- \_\_\_\_\_

Requesting In Pro Per Defendant \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Case No(s): \_\_\_\_\_ Charges: \_\_\_\_\_

Select which type of appeal is being requested: (Submit only one request per form)

\_\_\_ Assignment Decision

\_\_\_ Invoice or Billing decision

\_\_\_ Expert/Investigator Decision

\_\_\_ Roster Attorney Application/Qualification decision

Provide a detailed explanation to support your request for an appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add supplemental pages, if necessary, and attach all relevant forms and documents with the request.

Each appeal form must be submitted within 14 business days of any such denial. Email the form to the Regional MAC Office at regionalmac@dearborn.gov. All requests will be forwarded to the Managed Assigned Counsel Administrator at the 36<sup>th</sup> District Court for a decision. You will be copied on the email forwarding the request and the decision will be emailed back to you at the email address provided on this form within 14 days of receipt.