THIRD JUDICIAL CIRCUIT OF MICHIGAN – ATTORNEY PAYMENT INQUIRY
FAMILY DIVISION – JUVENILE SECTION

Attorney Name: _____ **Bar Number:** _____ **Party Represented:** _____

Case Name: _____ **Name of Party Represented:** _____

Case Number: _____ **Petition Number:** _____ **Assignment Date:** _____

Case Type: ☐ **Delinquency** ☐ **Child Protective Proceeding(s)**

Not paid or under paid for the following:

Date (s) of Service	Hearing Type (PT/BT/Jury Trial/Review Hearing)	Assignment Type (Attorney of Record or Guardian Ad Litem)	House Counsel/EHC (Indicate AM/PM/Both)	Fee (To be calculated by Budget & Finance)

Not paid for the following fees. Please check all that apply.

☐ **Reading of Transcript Fee:** **Number of pages must be noted on signed MJC-910 form and uploaded in online system**
☐ **Oral Argument Fee:** **Must be indicated on cover sheet of brief**
☐ **Filing of Brief Fee:** **Brief must have the date stamp from the Court of Appeals and uploaded in online system**
☐ **Multiple Petition Fee:** **Paid only once per fee schedule**

Additional information:

_____ _____ _____
Signature of attorney **Date submitted to ACS** **Signature of Assigned Counsel Services**
(DO NOT SUBMIT INQUIRY DIRECTLY TO BUDGET & FINANCE)

******FOR COURT USE ONLY – DO NOT COMPLETE THIS AREA******

Total Fees based on above information	
Amount of fees previously paid	
Total amount of fees owed/No fees owed	

Comments:

Date submitted to County Clerk: _____
Date submitted to Deputy Court Administrator: _____ _____
Date submitted to Budget and Finance: _____ **Signature of DCA/Designee**
Date approved for payment: _____

Revised 1/2026