Wayne County Assigned Counsel Policies

Indigent Defense Services Investigators and Experts Program

Investigator Request for Payment

STATE OF MICHIGAN v. _____ CTN #: _____

Attorney for Defendant: _____ P - _____

PAYEE: _____ PI LICENSE #: _____

Mailing Address: _____

Phone: _____ Email: _____

Vendor Number:* _____

*If Investigator is not currently a vendor, or is unsure of status, contact the Investigator/Expert Program Coordinators at inv.exp.requests@waynecounty.com.

DATE AND TIME OF SERVICE	DESCRIPTION OF SERVICE PROVIDED OR EXPENSE TRAVEL TIME WILL BE COMPENSATED AT ½ OF THE HOURLY RATE.	HOURS	RATE	AMOUNT
	TOTALS			

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 (**revisions that are made to a request for payment after being initially submitted to the I/E Administrators must be re-certified by the investigator on the lines provided below*)

_____ _____
Investigator Signature *Date*

_____ _____
Defense Attorney Signature/P-number *Date*
** Attorney Certification pursuant to MCR 1.109(E)(5)*

***Check box only if this request for payment form has been revised *after* being initially submitted** ☐

_____
Investigator Signature/Date of 1st Revision

_____
Investigator Signature/Date of 2nd Revision

_____
Investigator Signature/Date of 3rd Revision

TO BE COMPLETED BY PROGRAM ADMINISTRATOR

Payment for Investigator Services

☐ APPROVED TOTAL OF $ _____

☐ DENIED

_____
Administrator/Date

Notes:

Payment for Investigator Services

Reviewed for payment - Object Account 260-27001-814040

☐ EFT

Entered By_____ (initials) Date_____

Page _____ of _____

CTN No. _____ P-_____ Payee:_____

IDSD Ver. 5 – Inv. Request for Payment, Oct. 2023
(for any services performed *on* or *after* Oct. 1, 2023)