

**MACOMB COUNTY PROBATE COURT**  
**Wills Estates Division**  
**Fee Schedule for Court Appointments**

<u>ASSIGNMENT TYPE</u>	<u>PETITION TYPE</u>	<u>DESCRIPTION</u>	<u>FEE**</u> <u>Indigent Only</u>
GUARDIAN AD LITEM	All	One time payment for each Guardian ad Litem assignment. Payment includes compensation for the preparation/filing of GAL reports and attendance <b><u>at all required hearings.</u></b>	\$150 per assignment**
GUARDIAN AD LITEM	ALL	If paid by the county because ward is indigent.	\$150 per case**
ATTORNEY	L.I.P./P.P.	One time payment to represent ward <b><u>at all required hearings</u></b> when the court determines an attorney is required	\$175 per assignment**
GUARDIANSHIP REVIEW	N/A	One time payment for each Guardianship Review completed. <u>No payment will be issued if it is determined that the ward is deceased.</u>	\$100 per assignment**
ATTORNEY	Guardianship Review	One time payment to represent ward <b><u>at all required hearings</u></b> when the court determines a hearing is required as a result of a guardianship review.	\$175 per assignment**
ATTORNEY	All Other	One time payment to represent part <b><u>at all required hearings</u></b> for each petition assignment.	\$175 per assignment**

An Attorney / Fiduciary cannot charge an attorney rate for any services that a non-attorney fiduciary could perform without the assistance of an attorney.

**NOTE:** Macomb County Probate Court will authorize payments as indicated on this schedule only when the Court determines the party represented is indigent.

**\*\* Non-indigent estates, which are estates with liquid assets exceeding \$5,000.00, will be responsible for guardian ad litem fees in accordance with the fee schedule established by the Chief Judge.**

**MACOMB COUNTY PROBATE COURT  
INVOICE**

IN THE MATTER OF: \_\_\_\_\_

MACOMB PROBATE COURT FILE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Vendor #

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Service

**TYPE OF SERVICE RENDERED**

- |                          |                     |                                 |
|--------------------------|---------------------|---------------------------------|
| <input type="checkbox"/> | GUARDIAN AD LITEM   | (FEE PER SCHEDULE \$150.00)     |
| <input type="checkbox"/> | ATTORNEY            | (FEE PER SCHEDULE \$175.00)     |
| <input type="checkbox"/> | GUARDIANSHIP REVIEW | (FEE PER COURT POLICY \$100.00) |

**THIS INVOICE IS TO BE SUBMITTED ONLY WHEN THE FEE IS  
PAYABLE BY THE PROBATE COURT.**

**IF THE FEE IS TO BE PAID BY THE ESTATE, A COPY OF YOUR BILLING  
MUST BE SUBMITTED TO THE COURT.**