

MACOMB COUNTY PROBATE COURT

2019

FEE SCHEDULE FOR COURT APPOINTMENTS Wills & Estates

“**Liquid Assets**”: defined as cash, stocks, bond, CD’s or money market, checking or savings accounts.

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| GUARDIANSHIP REVIEW | <ul style="list-style-type: none"> • One-time payment for each Guardianship Review completed. • No payment issued if it is determined that the ward is deceased. • Indigent Estate (<\$5,000 in liquid assets): Send invoice to Probate Court for Payment. • Non-Indigent Estate (>\$5,000 in liquid assets): Send invoice to estate for payment; include a copy with your report to the Court. | \$100 per assignment |
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| ATTORNEY | <ul style="list-style-type: none"> • One-time payment to represent ward at all required hearings when the Court determines an attorney is required. • Invoice sent to Probate Court for payment. | \$175 per assignment |
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| GUARDIAN AD LITEM APPOINTMENT | | |
| Indigent Estates | < \$5,000 in liquid assets | \$150.00 per assignment <ul style="list-style-type: none"> • Paid by the County. • Send invoice to Probate Court by including it with your Report. |
| Non-Indigent Estates | >\$5,000, but <\$10,000 | \$200 per assignment <ul style="list-style-type: none"> • Paid by the estate. • Send invoice to the estate, and include a copy with your GAL report to the Probate Court. |
| Non-Indigent Estates | >\$10,000, but <\$100,000 | \$450 per assignment <ul style="list-style-type: none"> • Paid by the estate. • Send invoice to the estate, and include a copy with your GAL report to the Probate Court. |
| Non-Indigent Estates | >\$100,000 | \$650 per assignment <ul style="list-style-type: none"> • Paid by the estate. • Send invoice to the estate, and include a copy with your GAL report to the Probate Court. |
| <ul style="list-style-type: none"> • One-time payment for each assignment. • Payment includes compensation for preparation/filing of GAL reports and attendance at all required hearings. • The GAL shall submit their itemized invoice to the Court for approval in all cases. • If the GAL believes that a departure from the above fee schedule is appropriate, GAL may file a motion showing good cause for such a departure. • Similarly, the Court may order an upward or downward departure based on the circumstances of any given case upon reviewing necessary services and reasonable fees. | | |

**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.**