



First Judicial District of Pennsylvania  
Modified Guaranteed Fee System **Common Pleas Court**  
**Trial Division Attorney Payment Voucher**

1(A) APPOINTMENT LETTER INVOICE NO.
APPOINTMENT DATE _____/_____/_____

1. ATTORNEY NAME <i>(Last, First, Middle Initial)</i>	2. ATTORNEY ADDRESS <i>(Counsel must maintain their principal office in Philadelphia)</i>	
3. ATTORNEY STATE I.D. NO.	Philadelphia, Pennsylvania 191____	
4. DEFENDANT NAME <i>(Last, First, Middle Initial)</i>	5. DOCKET NO. <input type="checkbox"/> CP	6. POLICE PHOTO NO.
Attorney Telephone Number: (215) _____		

7. Computation: Preparation Fee & Per Diem (continuances are not compensable)

**Preparation Fees:**

- Decertification (\$400.00)
- Felony Non Homicide: Disposition after Arraignment But Prior to Trial (\$400)
- Felony Non Homicide: Disposition At Trial (\$600 appointments prior to 1/1/06)
- Felony Non Homicide: Disposition At Trial (\$650 appointments after 1/1/06)
- Homicide: Disposition after Arraignment But Prior to Trial (\$1,333)
- Homicide: Disposition At Trial (\$2,000)
- Mitigation Homicide Appointment/Co-Counsel (\$1700.00)
- Homicide 2nd Chair Assoc. Counsel (\$650.00)
- VOP (\$150)
- Traffic Court Appeal (\$200) (\$40 hrly)
- 5th Amendment Witness/Bench Warrant Hearing (\$150.00)

**Per Diem Fees (See instructions on reverse for application of per diem):**

- Homicide: \$200 (3 Hours or Less); \$400 (More than 3 Hours) + Mitigation Penalty
- Felony Non-Homicide: \$175 (3 hours or less; \$350 (more than 3 hours) (after 1/1/06)
- Non Homicide: \$150 (3 Hours or Less); \$300 (More than 3 Hours)
- Misdemeanor Appeal (Per Diem) \$150 (3 Hours or Less); \$300 (More than 3 Hours)
- Mitigation Trial: \$75 (3 Hours or Less); \$150 (More than 3 Hours) *(appointment prior to 1/1/06)*
- Mitigation Trial: \$100 (3 Hours or Less); \$200 (More than 3 Hours) *(appointment after 1/1/06)*

a) Preparation Fee					
b) Per Diem rate (Trial Work Only):		First half day - no charge			
	<i>(enter 1/2 or 1 day)</i>				
c) Day 1	____/____/____				
Date #2	____/____/____				
Date #3	____/____/____				
Date #4	____/____/____				
Date #5	____/____/____				
Date #6	____/____/____				
Date #7	____/____/____				
Date #8	____/____/____				
Date #9	____/____/____				
Date #10	____/____/____				
e) Total					

(Counsel Fee Unit to discount continuances and impose daily per diem limits)

10. PLEASE PRINT TRIAL JUDGE'S FULL NAME

**Must be submitted for processing and approval within 30 days of verdict in homicide cases, or disposition/sentencing in others.**

TRIAL JUDGE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISING JUDGE OR ADMINISTRATIVE JUDGE'S SIGNATURE *(When necessary)* \_\_\_\_\_

DATE \_\_\_\_\_

PRESIDENT JUDGE'S SIGNATURE *(When necessary)* \_\_\_\_\_

DATE \_\_\_\_\_

The undersigned attorney maintains their principal office in Phila. County, has been certified by the Bar Association Screening Committee and undergone fee system training, and understands that false statements and/or representations made herein are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

8. ATTORNEY SIGNATURE \_\_\_\_\_

# Instructions for the Completion of the Trial Division Modified Guaranteed Fee System

## General Notes

- Payment voucher forms are available at: Office of Criminal Listings, 206 Criminal Justice Center.
- Counsel should initiate completion of the payment voucher upon receipt of the appointment and regularly update the voucher during the course of the representation.
- Please write legibly to speed processing of payment.
- Please be sure to attach all necessary documents.
- Please carefully complete all required sections as indicated. Instructions are detailed below.
- Complete questions 1 through 9, including 1(A) .

### Instructions

Line 1: Enter attorney's name as it appears on the appointment letter.

Line 1(A): Enter appointment letter invoice number and date as they appear on the appointment letter.

Line 2: Enter attorney's full Philadelphia address as it appears on the appointment letter.

Line 3: Enter attorney's five-digit identification number.

Line 4: Enter defendant's name as it appears on the appointment letter.

Line 5: Enter the correct Docket Number in the following sequence:

Common Pleas Trial Division cases CP-51-CR-(XXXXXXXX)-Year(XXXX)

Line 6: Enter defendant's six-digit police photo number.

Line 7: CONTINUANCES ARE NOT COMPENSABLE

a) Enter the appropriate preparation fee for the case. The case categories and their respective preparation fees are listed.

b) Enter the appropriate per diem rate for the case. This per diem rate need only be entered once and is thereafter applied as the multiplier for all subsequent appearance dates. The case categories and their respective per diem rates are:

Adult Felony (other than homicide) \$300

Homicide \$400

c) Enter the appropriate amount of time that is billable at the per diem rate for the first trial appearance (0 for less than three hours or .5 for over three hours). Multiply this amount by the per diem rate on Line 7 (b) and enter the result in the subtotal column at the right side of the computation table. Note: Application of the per diem rate becomes available after completion of up to three hours time during the first trial appearance before the trial judge.

d) For all trial appearances (EXCEPT CONTINUANCES) subsequent to the first trial appearance, enter either .5 for three hours or less or 1.0 for over three hours. For each date, multiply the half or full day by the per diem rate on Line 7(b) and enter the result in the subtotal column at the right side of the computation table.

e) Carefully add all subtotals in the right column. This total should represent the sum of: 1) the correct preparation fee; 2) the per diem payment for the first trial appearance if over three hours; and 3) the per diem payments for all subsequent trial appearances (EXCEPT CONTINUANCES).

Line 8: Sign Payment Voucher. Failure to sign voucher will delay processing of payment.

Attorney's signature represents the following averments:

- The attorney was appointed by the Court to represent the defendant in this case;
- The facts set forth in the payment voucher are true and correct to the best of the attorney's knowledge, information and belief;
- The attorney understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities;
- The attorney actively and diligently represented the defendant in this case;
- The payment voucher submitted is fair and reasonable compensation for services in this case based upon the time and effort expended; and
- The attorney has not received, nor contracted to receive, directly or indirectly, any compensation for such services from any source other than provided in the Act of Assembly.

Line 9: Enter the date the representation was concluded.

Line 10: Enter the full name of the trial judge.

Judicial Signature:

Leave blank. This section will be signed by the trial judge at verdict for homicide cases, or at disposition for all others. The attorney will take it, or mail it with a copy of appointment letter and per diem slips for each trial day to:

Budget & Fiscal  
Counsel Fee Department  
Room 395 City Hall  
Philadelphia, PA 19107

**First Judicial District of Pennsylvania**  
**Modified Guaranteed Fee System**  
**Assigned Counsel/Expert**  
**Per Diem Appearance Slip**  
*(Continuances Are Not Compensable)*

*(please print)*

DATE	COURTROOM	<input type="checkbox"/> Less than 3 hours <i>(limit of two claims per day)</i> <input type="checkbox"/> More than 3 hours <i>(must be present in courtroom for more than 3 hours)</i>
JUDGE		<input type="checkbox"/> Attorney <input type="checkbox"/> Expert
CASE #		CASE TYPE
INVOICE #		<input type="checkbox"/> Felony Other Than Homicide  <input type="checkbox"/> Homicide
ATTORNEY/EXPERT NAME <i>(Last, First, Middle Initial)</i>		ATTORNEY/EXPERT SIGNATURE
DEFENDANT NAME <i>(Last, First, Middle Initial)</i>		JUDICIAL SIGNATURE