



First Judicial District of Pennsylvania
 Modified Guaranteed Fee System
**Family Court Delinquent & Abuse
 Trial Counsel Pay Voucher**

1(A) APPOINTMENT LETTER INVOICE NO.
APPOINTMENT DATE

1. ATTORNEY NAME (Last, First, Middle Initial)	2. ATTORNEY ADDRESS (Counsel must maintain their principal office in Philadelphia)	
3. ATTORNEY STATE I.D. NO.	Philadelphia, Pennsylvania 191__ __ Attorney Telephone Number: (215) _____	
4. DEFENDANT NAME (Last, First, Middle Initial)	5. PETITION NUMBER	6. HAS THERE BEEN PRIOR COUNSEL? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. CASE TYPE (Check appropriate box)

<input type="checkbox"/> Delinquency Felony (\$400)	<input type="checkbox"/> Bench Warrant (\$150)
<input type="checkbox"/> Delinquency Felony Balance (\$250)	<input type="checkbox"/> Appointment With Prior Counsel (\$150)
<input type="checkbox"/> Delinquency Misdemeanor (\$300)	<input type="checkbox"/> Private Counsel Retained (\$150)
<input type="checkbox"/> Delinquency Misdemeanor Balance (\$150)	<input type="checkbox"/> Fifth Amendment Witness (\$150)
<input type="checkbox"/> Consent Decree (\$150) at YSC	<input type="checkbox"/> Protection from Abuse (\$350) at DR

Drug Treatment Court: Felony (\$400) Misdemeanor (\$300)

8. Conditions for Payment and Schedule

Note: Payable only upon final disposition.

Note: To receive payment, submission must be made to the presiding Judge or the Administrative Judge of the Family Court Division immediately upon the conclusion of a billable hearing and immediately delivered to the Legal Liaison Unit.

Note: All payments made pursuant to this claim are subject to post-audit. Any overpayments are subject to collection, including deduction of amounts due from future vouchers.

Note: This form is to be completed only by counsel appointed for a specific case where the Defender's Association and/or Per Diem or other Counsel cannot provide representation due to conflict of interest.

Note: Attorneys are reminded that pursuant to Rules of Pennsylvania Court, they shall remain counsel of record until such time as an order of final disposition is entered or leave to withdraw representation is granted by the Court.

Note: The undersigned attorney maintains their principal office in Philadelphia 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.

10. ATTORNEY SIGNATURE

9. DATE OF DISPOSITION

SIGNATURE OF PRESIDING JUDGE/MASTER

DATE:

ATTORNEY PRINT JUDGE'S NAME

JUDICIAL CODE: _____ DATE: _____

ADMINISTRATIVE JUDGE'S SIGNATURE (When necessary)

DATE:

To be completed by Counsel Fees Unit

DATE OF RECEIPT

To be completed by Legal Liaison Unit

Judicial/Master Review indicates that attorney was appointed and has appeared in this matter and Counsel Fees Unit can process for payment.

Counsel Fees Unit to investigate accuracy of request for payment.

Instructions for the Completion of the Family Court Delinquent and Abuse Trial Counsel Modified Guaranteed Fee System Payment Voucher

General Notes

- Payment voucher forms are available at: Legal Liaison Payments Unit, Room 360, 1801 Vine Street (Juvenile)
Room 242, 34 South 11th Street (Protection from Abuse)
- Please write legibly to speed processing of payment.
- Please carefully complete all required sections as indicated, including 1(A). Instructions are detailed below.

Instructions

- Line 1:** Enter attorney's name *Last Name* _____ *First Name* _____
- Line 1(A):** Enter appointment letter invoice number and appointment date as they appear on the appointment letter.
- Line 2:** Enter attorney's full Philadelphia address and telephone number.
- Line 3:** Enter attorney's five-digit identification number.
- Line 4:** Enter defendant's name *Last Name* _____ *First Name* _____
- Line 5:** Enter the correct petition numbers in the following sequence:
Juvenile cases ####-YYMM
Abuse cases YYMM-####
- Line 6:** Check appropriate box.
- Line 7:** Check appropriate box.
- Lines 8:** Read Carefully.
- Line 9:** Enter Date of Disposition
- Line 10:** 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.

Submission:

Following judicial signature, forms should be forwarded with a copy of appointment letter to:

Juvenile Cases:

Legal Liaison Payments Unit, Room 360, 1801 Vine Street

Protection from Abuse Cases:

Budget and Fiscal, Counsel Fee Unit, Room 395 City Hall, Philadelphia, PA 19107