



First Judicial District of Pennsylvania
Court-Appointed Counsel Payment Voucher/Order
Court Appointments Made On and After July 28, 2022

Trial Division – Criminal

See Phila. R.J.A. *122, *122-11 and *122-12

1.(A) INVOICE NO. FROM LETTER OF APPOINTMENT		1.(B) DATE OF APPOINTMENT																															
2. ATTORNEY'S LAST NAME		ATTORNEY'S MIDDLE NAME		ATTORNEY'S FIRST NAME																													
4. ATTORNEY ADDRESS (<i>Counsel must maintain their principal office in Philadelphia</i>)		3. PA ATTORNEY I.D. NO.																															
Philadelphia, PA _____		EMAIL ADDRESS:																															
		TELEPHONE NUMBER:																															
5. DEFENDANT'S LAST NAME		MIDDLE INITIAL	DEFENDANT'S FIRST NAME		6. CPCMS NUMBER																												
					CP-51-CR- _____ - _____																												
				7. POLICE PHOTO NO.																													
8. Preparation Fees - Payable after Verdict <small>(check box below and fill in applicable preparation fee)</small> <ul style="list-style-type: none"> <input type="checkbox"/> Capital Homicide - Lead Counsel: \$10,000.00 <input type="checkbox"/> Capital Homicide – Penalty Phase Counsel: \$7,500.00 <input type="checkbox"/> Non-Capital Homicide Trial: \$3,500.00 <input type="checkbox"/> Non-Capital Homicide – Second Chair: \$600.00 <input type="checkbox"/> Felony Trial First Degree: \$1,200.00 <input type="checkbox"/> Felony Trial – Other: \$750.00 <input type="checkbox"/> M.C. Appeal to C.P.: \$750.00 <input type="checkbox"/> Writ of <i>certiorari</i> to C.P.: \$450.00 <input type="checkbox"/> Plea Accepted-Diversion Felony-Treatment Court: \$750.00 <input type="checkbox"/> Successful Decertification Motion: \$1,200.00 <input type="checkbox"/> Retrial Preparation Fee: \$ _____ <input type="checkbox"/> Mistrial Preparation Fee: \$ _____ Date: _____ * Applicable Preparation Fee \$ _____			9. Specific Interim Fees – Payable at Conclusion of Event <small>(check box below and date)</small> <ul style="list-style-type: none"> <input type="checkbox"/> Fifth Amendment Witness: \$150.00 Date: _____ Name of Witness _____ <input type="checkbox"/> Fifth Amendment Witness- IGJ: \$ _____ Date: _____ <input type="checkbox"/> Specialty Court Hearing: \$100.00 Date: _____ <input type="checkbox"/> Extradition/F.O.J.: \$ 200.00 Date: _____ <input type="checkbox"/> Contempt Hearing: \$150.00 Date: _____ <input type="checkbox"/> Bench Warrant Hearing: \$100.00 Date: _____ <input type="checkbox"/> Violation of Probation/Parole: \$150.00 Date: _____ <input type="checkbox"/> Early Parole Petition: \$250.00 Date: _____ <input type="checkbox"/> Status Listing/Hearing \$100.00 Date: _____ <input type="checkbox"/> Motion for Reconsideration \$ 100.00 Date: _____ <input type="checkbox"/> Resentencing (Post Trial complete) \$ 175.00 Date: _____ <input type="checkbox"/> Refile of Charges (case disposed) \$ 225.00 Date: _____ 																														
10. Maximum Fee Case Types – Payable at Conclusion of Event <ul style="list-style-type: none"> <input type="checkbox"/> Felony: Appellate/PCRA: Maximum Fee: \$2,400 °Billable at \$65@hour (in-court and out-of-court) <input type="checkbox"/> Homicide: Appellate/PCRA: Maximum Fee: \$6,000 °Billable at \$85@hour (in-court and out-of-court) * Hourly Rate: \$ _____ x # of Hours _____ = Total \$ _____			11(A). Per Diem Fees - Payable after Verdict <ul style="list-style-type: none"> <input type="checkbox"/> Homicide-Capital: \$400 (3 hours or less); \$700 (More than 3 hours) <input type="checkbox"/> Homicide- Capital Mitigation: \$100 (3 hour or less); \$200 (More than 3 hours) <input type="checkbox"/> Homicide-Non-Capital: \$300 (3 hours or less); \$600 (More than 3 hours) + Mitigation <input type="checkbox"/> Felony Non-Homicide: \$225 (3 hours or less); \$450 (More than 3 hours) <input type="checkbox"/> Misdemeanor Appeal (Per Diem) \$150 (3 Hours or Less); \$300 (More than 3 Hours) NOTE: TIME EXPENDED BY COURT-APPOINTED COUNSEL SEEKING A DEFENSE CONTINUANCE IS NOT COMPENSABLE.																														
11.(B) PER DIEM CHARGES (List below the date(s) and the applicable rate for each day or Trial/Hearing.) DEFENSE CONTINUANCES ARE NOT COMPENSABLE. <small>(Add Additional Pages as Necessary)</small>																																	
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">½ Day</th> <th style="width: 10%;">Full Day</th> <th style="width: 15%;"></th> <th style="width: 10%;">½ Day</th> <th style="width: 10%;">Full Day</th> <th style="width: 30%;"></th> </tr> </table>							½ Day	Full Day		½ Day	Full Day																						
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<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1) Day 1 _____ / _____ / _____</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%;">5) Day 5 _____ / _____ / _____</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">_____ x \$ _____ = _____</td> </tr> <tr> <td>2) Day 2 _____ / _____ / _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>6) Day 6 _____ / _____ / _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Half Day (s) x Per Diem Rate = Subtotal</td> </tr> <tr> <td>3) Day 3 _____ / _____ / _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>7) Day 7 _____ / _____ / _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____ x \$ _____ = _____</td> </tr> <tr> <td>4) Day 4 _____ / _____ / _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>8) Day 8 _____ / _____ / _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>TOTAL \$ _____</td> </tr> </table>						1) Day 1 _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	5) Day 5 _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ x \$ _____ = _____	2) Day 2 _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	6) Day 6 _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	Half Day (s) x Per Diem Rate = Subtotal	3) Day 3 _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	7) Day 7 _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ x \$ _____ = _____	4) Day 4 _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	8) Day 8 _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	TOTAL \$ _____
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12. TOTAL AMOUNT REQUESTED:			13. DATE REPRESENTATION ENDED/ PAYMENT AUTHORIZED:																														
I certify that: I maintain my principal office in Philadelphia County, I maintain professional liability insurance, I have been certified by the Philadelphia Bar Association Screening Committee, and I have undergone Court-Appointed Counsel Fee system training. I understand that false statements and/or representations made herein are subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.																																	
14. ATTORNEY SIGNATURE: _____ DATE: _____																																	
FOR COURT USE ONLY- JUDICIAL REVIEW AND APPROVAL																																	
ORDER The City of Philadelphia is ordered to pay the above Court-appointed counsel the sum of \$ _____, consistent with Phila. R.J.A. *122-11 and *122-12 for services rendered and found to be reasonable in connection with the above-referenced case as certified by counsel and as approved by the Court, subject to correction by the QAU, as noted below: QAU Name: _____ Date: _____ <input type="checkbox"/> Fee Adjusted to \$ _____ due to the following ministerial error:																																	
15. NAME OF TRIAL JUDGE		SIGNATURE OF TRIAL JUDGE		DATE																													
				SIGNATURE OF SJ-AJ-PJ OR DESIGNEE-AS NECESSARY																													
				DATE																													
FOR USE BY THE CITY OF PHILADELPHIA																																	
MANAGING DIRECTOR'S OFFICE		FINANCE DEPARTMENT		CONTROLLER'S OFFICE																													
DATE		DATE		DATE																													

Instructions for the Completion of Attorney Payment Voucher-Order
Trial Division - Criminal

- Line 1: Enter the Invoice Number from Letter of Appointment and the Date of Appointment as they appear on the appointment order.
- Line 2: Enter the court-appointed attorney's LAST Name, MIDDLE, and FIRST Name as it appears on the appointment order.
- Line 3: Enter the attorney's Pennsylvania Attorney ID number.
- Line 4: Enter the attorney's Philadelphia address, which is required by Phila. Crim.R. *122, as it appears on the appointment order, and the attorney's email address and telephone number.
- Line 5: Enter defendant's LAST Name, MIDDLE Name, and FIRST Name as it appears on the appointment letter.
- Line 6: Enter the CPCMS Docket Number in the following sequence:
Common Pleas Trial Division cases CP-51-CR-(XXXXXXXX) -Year (XXXX)
- Line 7: Enter the defendant's Police Photo Number.
- Lines 8-11: Check the appropriate Preparation Fees, Specific Interim Fees, Maximum Fees and Per Diem Fees as applicable:
8. **Preparation Fees:** Check the appropriate Case Type and fill out the Applicable Preparation Fee.
 9. **Specific Interim Fees:** Check the appropriate Compensable Event(s) and indicate the Date the event occurred.
 10. **Maximum Fee Case Types:** Enter the Case Type, the Hourly Rate, the Number of Hours expended, and the Total Amount Requested. The court-appointed attorney must attach a detailed Chronological List of Services rendered, as well as copies of any receipts. A Fee Petition and Order are no longer necessary.
 11. **Per Diem Charges.** Under 11(A), check the appropriate box indicating the Type of Case. Under 11(B), counsel must list each trial or hearing date and indicate whether a full day or a half-day was expended in court. Phila.R.J.A. *122-12 defines a full day as 3 hours or more and a half-day as 3 hours or less. Add the number of Full Days and Half Days spent in court, multiply by the applicable *per diem* rate and Total the *per diem* charges for Full and Half Days. **Time spent in court asking for a defense continuance is not compensable.**
- Line 12: Enter the Total Amount requested. For Maximum Fee Case Types, see #10 above.
- Line 13: Enter the Date Representation Ended or the Date Payment is Authorized. Unless counsel is permitted to withdraw, the appointment is effective until final judgment. See Pa.R.Crim.P. 122 (B)(2).
- Line 14: Sign the Payment Voucher and Date. Failure to sign the Voucher will delay processing of payment.
- Line 15: Enter the name of the Trial Judge. The Trial Judge will enter amount payable to the attorney, which must be left blank on the Order portion of the Voucher. When applicable, the Voucher will be routed by the Quality Assurance Unit to the President Judge, Administrative Judge, Supervising Judge, or their designees.

Please Note

- 1) Phila. R.J.A. *122-11 sets forth the Payment Authorization Process court-appointed counsel must follow when seeking payment. Phila. R.J.A. *122-12 sets forth the compensation rates and timing of requests for compensation.
- 2) The Payment Voucher/Order must be completed by court-appointed counsel and submitted, with all required attachments, including the Appointment Letter and Chronological List of Services Rendered (as applicable), directly to the appropriate judge for review and approval without first being filed with the Quality Assurance Unit ("QAU"), or other applicable filing office or officer.
- 3) Upon approval by the appropriate judge, the original Payment Voucher/Order shall be promptly filed by the attorney of record by email to CriminalVouchers@courts.phila.gov, or in person or by mail to: The Justice Stout Center for Criminal Justice, Information Counter, 2nd Floor, 1301 Filbert Street, Philadelphia, PA 19107. The attorney should keep a copy of the signed Payment Voucher/Order.
- 4) Upon receipt of the Payment Voucher/Order, court-designated staff shall time-stamp and review the Payment Voucher/Order, as provided in Phila. R.J.A. *122-11 and Phila. R.J.A. *122-12. Payment Vouchers/Orders not correctly or appropriately completed or submitted without required attachments will be rejected by designated court-staff and must be corrected and resubmitted.
- 5) Once QAU staff has determined the Payment Voucher/Order has been correctly completed, court-designated staff will submit the Payment Voucher/Order to the City of Philadelphia Managing Director's Office's Counsel Fee Unit ("CFU") for payment. Court-designated staff will notify court-appointed counsel when the Payment Voucher/Order has been submitted to the CFU. Court-designated staff will docket the Payment Voucher/Order and include it as a case record consistent with the Unified Judicial System of Pennsylvania Public Access Policy.
- 6) The City of Philadelphia will issue payment to court-appointed conflict counsel within sixty (60) days of the date the Payment Voucher/Order is submitted by the Court to the City of Philadelphia's Managing Director's Office. Consistent with Phila. Code § 17-1702 (1) (b), if payment is delayed, the City of Philadelphia will pay interest on the unpaid amount awarded by the court at the rate of one and one-half percent (1.5%) per month or part of a month until payment is made, unless such delay results from an existing tax lien in accordance with 53 P.S. §§ 16082, 16083.
- 7) Payment status should only be requested from the City of Philadelphia sixty (60) days or more after the Payment Voucher/Order has been sent to the City of Philadelphia Counsel Fee Unit as noted above. Any payment questions may be directed to:

Kelly Press, Counsel Fee Unit Supervisor - Kelly.Press@phila.gov or
CounselFees@phila.gov

City of Philadelphia Managing Director's Office 1401
JFK Blvd. Suite 1340
Philadelphia, PA.19102 215-
686-5639

Payment Voucher/Order forms are available on the Court's website at: <http://www.courts.phila.gov/forms>.