



First Judicial District of Pennsylvania
Court-Appointed Counsel Payment Voucher/Order

*Fees and Procedures Are Applicable Only to Court
Appointments Made July 1, 2017- June 30, 2018*

Family Court- Delinquent, Abuse & Domestic Relations

1. A. APPOINTMENT ORDER NO.
B. DATE OF APPOINTMENT
C. HAS THERE BEEN PRIOR CONFLICT COUNSEL <input type="checkbox"/> Yes <input type="checkbox"/> No

2. ATTORNEY'S LAST NAME)	MIDDLE	ATTORNEY'S FIRST	3. PA ATTORNEY I.D. NO.
4. ATTORNEY ADDRESS (Counsel must maintain their principal office in Philadelphia) Philadelphia, PA		EMAIL ADDRESS	
		TELEPHONE NUMBER	

5. DEFENDANT'S LAST NAME	MIDDLE	DEFENDANT'S FIRST NAME	6. A. CASE NUMBER
--------------------------	--------	------------------------	-------------------

6. B. CPCMS NUMBER(S) CP-51-JV- _____ - _____	CP-51-JV- _____ - _____
--	-------------------------

Payment Voucher must be submitted for processing and approval within 90 days of disposition or, for yearly payments, after the calendar year at issue.

7. A. FEES FOR DELINQUENT/ABUSE COURT-APPOINTED REPRESENTATION	
<input type="checkbox"/> Delinquency Felony: \$550.00 <input type="checkbox"/> Delinquency Misdemeanor: \$450.00 <input type="checkbox"/> Rape, IDSI, Juvenile Felony Sex Case*: \$750.00 <i>*Requires 3 CLE @ year and Certification by Family Court</i> <input type="checkbox"/> Consent Decree – at JJSC: \$225.00 <input type="checkbox"/> Delinquent Review – per hearing: \$75.00 Date of Hearing: _____	<input type="checkbox"/> On-Call Counsel-No Appointment: \$350.00 <input type="checkbox"/> Protection from Abuse – D.R.: \$350.00 <input type="checkbox"/> Private Counsel Retained: \$225.00 <input type="checkbox"/> Fifth Amendment Witness: \$225.00 Name of Witness: _____ <input type="checkbox"/> Bench Warrant: \$225.00
B. DATE OF SERVICE	B. DATE OF SERVICE

8. A. FEES FOR ON-CALL COUNSEL – DOMESTIC RELATIONS	B. DATE OF SERVICE
<input type="checkbox"/> On-Call Counsel – 1501 Arch Street – No Appointment: \$350.00 per Daily List	

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. Section 4904, relating to unsworn falsification to authorities.

9. ATTORNEY SIGNATURE _____	DATE: _____	ESIGNATURE (AS APPROPRIATE) _____	DATE _____
-----------------------------	-------------	-----------------------------------	------------

FOR COURT USE ONLY- JUDICIAL REVIEW AND APPROVAL

ORDER

The City of Philadelphia is ordered to pay the above Court-appointed attorney the sum of \$ _____ found to be reasonable and consistent with AGB Order No. 1 of 2017 and AGB Order No. 2 of 2012 for services rendered in connection with the above-referenced case, subject to correction by the Legal Liaison Payment Unit, as noted below:

Fee adjusted to \$ _____ due to the following ministerial error by counsel:

LEGAL LIAISON UNIT - NAME:

DATE:

10. NAME OF PRESIDING JUDGE/JCHO	PRESIDING JUDGE/JCHO'S SIGNATURE	DATE	AJ/SJ SIGNATURE (When Necessary)	DATE
----------------------------------	----------------------------------	------	----------------------------------	------

FOR USE BY THE CITY OF PHILADELPHIA

MANAGING DIRECTOR'S OFFICE	DATE	FINANCE DEPARTMENT	DATE	CONTROLLER'S OFFICE	DATE
----------------------------	------	--------------------	------	---------------------	------

