



First Judicial District of Pennsylvania
 Court-Appointed Counsel Payment Voucher/Order
*Fees and Procedures Are Applicable Only to Court Appointments
 Made On July 1, 2017-June 30, 2018*
Family Court – Dependency

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 NAME	3. PA ATTORNEY I.D. NO.
4. ATTORNEY ADDRESS (Counsel must maintain their principal office in Philadelphia) Philadelphia, PA _____		EMAIL ADDRESS	TELEPHONE NUMBER
5. CLIENT'S LAST NAME	MIDDLE	CLIENT'S FIRST NAME	CHECK CLIENT CATEGORY <input type="checkbox"/> Child <input type="checkbox"/> Parent/Guardian

6. CPCMS NUMBER(S)
 CP-51-DP-_____ - _____ CP-51-DP-_____ - _____

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 DEPENDENCY APPOINTMENT REPRESENTATION

<input type="checkbox"/> FIRST YEAR <input type="checkbox"/> Dismissal: \$750.00 <input type="checkbox"/> First Hearing: \$200.00 <input type="checkbox"/> Second Hearing: \$200.00 <input type="checkbox"/> Third Hearing: \$175.00 <input type="checkbox"/> Fourth Hearing: \$175.00 <input type="checkbox"/> Remainder: \$ _____ The total Annual Fee shall not exceed \$750.00. If dismissed during the First Year, court-appointed counsel shall be paid the outstanding balance of \$750.00. <input type="checkbox"/> Fifth Amendment Witness: \$225.00 Name of Witness: _____	<input type="checkbox"/> SECOND YEAR <input type="checkbox"/> Dismissal: \$450.00 <input type="checkbox"/> First Hearing: \$125.00 <input type="checkbox"/> Second Hearing: \$125.00 <input type="checkbox"/> Third Hearing: \$100.00 <input type="checkbox"/> Fourth Hearing: \$100.00 <input type="checkbox"/> Remainder: \$ _____ The total Annual Fee shall not exceed \$450.00. If dismissed during the Second Year, court-appointed counsel shall be paid the outstanding balance of \$450.00. <input type="checkbox"/> Fifth Amendment Witness: \$225.00 Name of Witness: _____	<input type="checkbox"/> THIRD & SUBSEQUENT YEARS <input type="checkbox"/> First Hearing: \$75.00 <input type="checkbox"/> Second Hearing: \$75.00 <input type="checkbox"/> Third Hearing: \$75.00 <input type="checkbox"/> Fourth Hearing: \$75.00 <input type="checkbox"/> APPEAL Maximum: \$2,400.00 Out of Court: \$65@hour In-Court: \$75@hour A detailed attachment must be included setting forth the services rendered and time expended <input type="checkbox"/> Fifth Amendment Witness: \$225.00 Name of Witness: _____
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B. DATE OF SERVICE	B. DATE OF SERVICE	B. DATE OF SERVICE
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8. A. FEES FOR ON-CALL COUNSEL <input type="checkbox"/> On-Call Counsel – 1501 Arch Street - No Appointment: \$350.00 per Daily List.	B. DATE OF SERVICE
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9. A. FEES FOR ADOPTION-AP MATTER ONLY <input type="checkbox"/> Fee Requested: \$ _____ Maximum Fee: \$ 2,400.00. Out-of-Court: \$65@hour. In-Court: \$75@hour <i>A detailed attachment must be included setting forth the services rendered and time expended.</i>	B. DATE REPRESENTATION ENDED/ PAYMENT AUTHORIZED:
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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.

10. ATTORNEY SIGNATURE _____ DATE: _____ E-SIGNATURE (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: _____

11. NAME OF PRESIDING JUDGE/JCHO	PRESIDING JUDGE/JCHO'S SIGNATURE	DATE	AJ OR SJ SIGNATURE (When Necessary)	DATE
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CITY OF PHILADELPHIA

MANAGING DIRECTOR'S OFFICE	DATE	FINANCE DEPARTMENT	DATE	CONTROLLER'S OFFICE	DATE
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Instructions for the Completion of Attorney Payment Voucher/Order Family Court – Delinquent, Abuse & Domestic Relations

- Line 1: Enter: A. the Appointment Letter invoice number; B. the Date of Appointment as they appear on the appointment letter; and C. indicate whether prior counsel had been appointed. Substituted counsel will be paid as “new” counsel, at the rates in effect on the date of substituted counsel’s appointment.
- Line 2: Enter the court-appointed attorney’s LAST Name, MIDDLE, and FIRST Name as it appears on the appointment letter.
- Line 3: Enter the attorney’s PA 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.
- Line 5: Enter defendant’s LAST Name, MIDDLE Name, and FIRST Name as it appears on the appointment letter.
- Line 6: A.: Enter the Domestic Relations, or Abuse Case Docket Number.
B.: Enter the CPCMS Docket Number(s) in the following sequence:
Family Court – Delinquent cases CP-51-JV-(XXXXXXXX)-Year (XXXX)
- Line 7: A. The Fees for Delinquent and Abuse representation are listed. Check applicable fee. Note: new counsel appointed for trial after a Consent Decree is revoked for non-compliance shall be paid, as applicable, the Delinquency Misdemeanor or Felony fee after adjudication.
B. Enter the Date of Service.
- Line 8: A. Check this Option if you were appointed as On-Call Counsel in Domestic Relations.
B. Enter the Date of Service as On-Call Counsel.
- Line 9: Sign and date the Payment Voucher/Order. Failure to sign and date the Voucher will delay processing of payment.
- Line 11: Enter the name of the Presiding Judge/JCHO. The blank entry on the Order portion will be entered by the Presiding Judge/JCHO. When applicable, the Voucher will be routed to the Administrative Judge or Supervising Judge or their designees.

Please Note

- 1) AGB Order No. 01 of 2017 requires that all Fee Petitions and Payment Vouchers must be filed within the following periods:
 - a) For yearly payments, no later than ninety (90) days after the calendar year at issue.
 - b) After verdict, plea, or mistrial, no later than ninety (90) days after the disposition.
 - c) After sentencing, no later than ninety (90) days after sentencing, regardless of whether the case is appealed.
 - d) For Appeals and PCRA's, no later than ninety (90) days after resolution of the appeal by the court with which the appeal or PCRA was filed.
- 2) The Payment Orders/Vouchers must be completed by the court-appointed attorney and submitted, together with a copy of the Appointment Letter, directly to the appropriate judge or Juvenile Hearing Officer for review and approval.
- 3) Upon approval by the appropriate judge or Juvenile Hearing Officer, the original Payment Order/Voucher shall be promptly filed of record at the Legal Liaison Payment Unit, 11th Floor, 1501 Arch Street, Philadelphia, PA. The attorney should keep a copy of the signed Payment Order/Voucher.
- 4) The Legal Liaison Payment Unit shall time-stamp, docket and scan the Payment Order/Voucher and, as authorized, may correct ministerial errors made by the attorney in completing the Payment Order/Voucher. Any correction will be identified and the name of the employee will be entered. Any questions regarding any corrections can be directed to the Legal Liaison Payment Unit.
- 5) The Legal Liaison Payment Unit shall serve the Payment Order/Voucher on all parties, including the City of Philadelphia Counsel Fee Unit (CounselFeeUnit@courts.phila.gov), as required. All original hard-copy Fee Petitions and Payment Orders/Vouchers will be promptly provided to the City of Philadelphia Counsel Fee Unit for processing and retention.
- 6) Payment status should only be requested from the City of Philadelphia sixty (60) days or more after the Payment Voucher has been received by the City of Philadelphia Counsel Fee Unit. 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>.