



First Judicial District of Pennsylvania
 Court-Appointed Counsel Payment Voucher/Order
*Fees and Procedures Are Applicable Only to Court Appointments
 Made July 28, 2022 - October 31, 2023*

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: _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. DATE OF SERVICE	B. DATE OF SERVICE	B. DATE OF SERVICE
--------------------	--------------------	--------------------

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
------------------------------------------------------------------------------------------------------------------------------------------	--------------------

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:
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

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
----------------------------------	----------------------------------	------	-------------------------------------	------

CITY OF PHILADELPHIA

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

Instructions for the Completion Attorney Payment Voucher/Order
Family Court - Dependency

- 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 the Client's LAST Name, MIDDLE Name, and FIRST Name as it appears on the appointment letter, and check, as applicable, Client Category: Child, or Parent/Guardian.
- Line 6: Enter the CPCMS Docket Number(s) in the following sequence:
Family Court – Dependency cases CP-51-DP-(XXXXXXXX) -Year (XXXX)
- Line 7: A. The Fees payable for Dependency Appointment are listed. Please note that the Fees vary by Year of Appointment. Check, as appropriate, First Year, Second Year, and Third & Subsequent Year. If a matter is dismissed before the fourth hearing in FIRST and SECOND YEAR cases, counsel must check the DISMISSAL option. Also check the REMAINDER box and then enter the applicable Remainder amount.
In *Appeal* representation cases, court-appointed counsel must attach a Chronological List of Services Rendered to this Voucher. A Fee Petition and Order are no longer necessary.
B. Enter the Date of Service.
- Line 8: A. Check this Option if you were appointed as On-Call Counsel.
B. Enter the Date of Service.
- Line 9: A. Check this Option if you were appointed for an Adoption – AP- Matter Only Counsel.
B. Enter the Date Representation ended or conclusion of stage for which payment is authorized. In *Appeal* representation cases, court-appointed counsel must attach a Chronological List of Services Rendered to this Voucher. A Fee Petition and Order are no longer necessary.
- Line 10: Sign and date the Payment Voucher. 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) Phila. R.J.A. *122-11 sets for 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) All Payment Vouchers must be completed by the court-appointed attorney and submitted with all required attachments, including the Appointment Letter and Chronological List of Services Rendered (as applicable), as follows:
 - (a) **Criminal Cases:** 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.
 - (b) **Family Court Cases:** in person or by mail to: The Philadelphia Family Court, Legal Liaison Payment Unit, 11th Floor, 1501 Arch Street, Philadelphia, PA 19102
 - (c) **Municipal Court Traffic Division Cases:** in person or by mail to: The Philadelphia Municipal Court Traffic Division, Attorney Filing Unit, 800 Spring Garden Street, Philadelphia, PA 19123.
- 3) Court-designated staff will review the Payment Vouchers/Orders upon receipt, as provided in Phila. R.J.A. *122-11. Payment Vouchers/Orders which have not been correctly or appropriately completed, or submitted without required attachments will be rejected by designated court-staff and must be corrected and resubmitted.
- 4) Court-designated staff will forward appropriately submitted Payment Vouchers/Orders for Judicial Review and approval, and thereafter to the City of Philadelphia for payment. Upon review by and approval by all required Court and City of Philadelphia personnel, the Payment Voucher/Order shall be distributed to all signatories, including the court-appointed attorney and to the Office of Judicial Records, which shall docket the Payment Voucher/Order and include it as a case record consistent with the Unified Judicial System of Pennsylvania Public Access Policy.
- 5) The City of Philadelphia will issue payment to court-appointed conflict counsel within sixty (60) days of the date the Payment Voucher/Order is approved for payment by the Court. 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.
- 6) 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>.