



First Judicial District of Pennsylvania
 Court-Appointed Counsel Payment Order/Voucher
**TO BE USED FOR COURT APPOINTMENTS MADE
 BEFORE 7/01/2017**

Family Court – Dependency

1. A. APPOINTMENT LETTER INVOICE NO.
B. DATE OF APPOINTMENT
C. HAS THERE BEEN PRIOR 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
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6. CPCMS NUMBER(S) CP-51-DP- _____ - _____	CP-51-DP- _____ - _____
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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: \$500 <input type="checkbox"/> After First Hearing: \$250 <input type="checkbox"/> Five Months after appointment, or after second hearing – whichever comes first: \$250	<input type="checkbox"/> SECOND YEAR <input type="checkbox"/> Dismissal: \$300.00 <input type="checkbox"/> after first Hearing -Appointments made between 7/01/03 and 6/30/17: \$150 <input type="checkbox"/> Five Months after appointment, or after second hearing – whichever comes first, Appointments made before 7/01/03: \$150	<input type="checkbox"/> THIRD & SUBSEQUENT YEARS <i>Maximum of two Review Hearings per year</i> <input type="checkbox"/> First Review Hearing: \$60 <input type="checkbox"/> Second Review Hearing: \$60

B. DATE OF SERVICE:	B. DATE OF SERVICE:	B. DATE OF SERVICE:
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APPEALS - Hourly Fee Case Types – *Must Attach Chronological List of Services Rendered.*

Appellate/PCRA - Billable at \$50@hour in-court, and \$40@hour out-of-court. Maximum Fee: \$1,500

Hourly Rate: \$ _____ # of Hours: _____ = Sub-Total: \$ _____ **TOTAL AMOUNT: \$ _____**

8. A. FEES FOR ADOPTION-AP MATTER ONLY <input type="checkbox"/> Fee Requested: \$ _____ In-Court: \$50@hour. Out-of-Court: \$40 @hour. Maximum Fee: \$1,500. <i>A detailed attachment must be included setting forth the services rendered and the time expended.</i>	B. DATE REPRESENTATION ENDED
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9. ATTORNEY SIGNATURE _____ DATE _____

I certify that: I maintain my principal office in Philadelphia County, I have been certified by the Philadelphia Bar Association Screening Committee, I have undergone Court-Appointed Counsel Fee system training, and 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.

FOR COURT USE ONLY- JUDICIAL REVIEW AND APPROVAL

ORDER

The City of Philadelphia is ordered to pay the Court-appointed attorney listed above, consistent with the terms of AGB Order No. 02 of 2012, the total sum of \$ _____ in connection with the above-referenced case for the services rendered as certified by counsel subject to correction by the Legal Liaison Payment Unit, as noted below:

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

NAME:	DATE:
10. NAME OF PRESIDING JUDGE/JCHO	PRESIDING JUDGE/JCHO'S SIGNATURE
	DATE

SUPERVISING JUDGE OR ADMINISTRATIVE JUDGE'S SIGNATURE (When necessary)	DATE
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Instructions for the Completion of Attorney Payment Order/Voucher
TO BE USED FOR COURT APPOINTMENTS MADE BEFORE 7/01/2017

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. Attorneys receiving appointments where the prior attorney has withdrawn his appearance or has been removed as counsel by the Court must use the appointment date of the original attorney handling the case to determine the appropriate fee due at subsequent hearings.
- 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 full Philadelphia address as it appears on the appointment letter. AGB Order 02 of 1997 requires the court-appointed attorney maintain a principal office in Philadelphia County in order to qualify to receive court-appointments.
- 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.
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 for an Adoption – AP- Matter Only Counsel.
B. Enter the Date Representation Ended.
- Line 9: Sign and date the Payment Voucher. Failure to sign and date the Voucher will delay processing of payment.
The Sections which follow are for Court Use only, except that you should type in the name of the Trial Judge in Line 10.

Please Note

- 1) 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
CounselFeeUnit@courts.phila.gov
City of Philadelphia Managing Director's Office
1401 JFK Blvd. Suite 1340
Philadelphia, PA. 19102
215-686-5639

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