



First Judicial District of Pennsylvania
AGB Order 01 of 2017

*Fees and Procedures Are Applicable Only to Court Appointments
Made On and After July 1, 2018*

Expert Witness Payment Order/Voucher

1. A. APPOINTMENT LETTER INVOICE NO.
B. DATE OF APPOINTMENT

SECTION 1 – ATTORNEY & DEFENDANT INFORMATION

2. ATTORNEY'S LAST NAME	MIDDLE	ATTORNEY'S FIRST NAME	3. ATTORNEY STATE I.D. NO.
4. ATTORNEY ADDRESS <i>(Counsel must maintain their principal office in Philadelphia)</i>		EMAIL ADDRESS	
Philadelphia, PA _____		TELEPHONE NUMBER	
5. DEFENDANT LAST NAME	MIDDLE	DEFENDANT'S FIRST NAME	6. CPCMS NUMBER OR OTHER DOCKET NUMBER ____-51-____-____-____

SECTION 2 – EXPERT WITNESS INFORMATION

7. EXPERT WITNESS' LAST NAME	MIDDLE	EXPERT WITNESS' FIRST NAME	8. PHILA. BUSINESS LICENSE NUMNER
EXPERT WITNESS ADDRESS		EMAIL ADDRESS	
		TELEPHONE NUMBER	

SECTION 3 – CASE TYPE

Homicide
 Adult- Non-Homicide
 Juvenile

SECTION 4 – EXPERT WITNESS FEES

9. FEE TYPES

Decertification - Mental Health Evaluation: \$750.00
 Fixed Amount Allowed by the Court: \$ _____. Attached is a copy of the Court Order.
 Compensation on an hourly basis was approved by the Court. Attached is a copy of the Court Order.
 Number of Hours: _____. Hourly Rate: \$ _____. Total Amount Requested: \$ _____.
Must Attach Chronological List of Services Rendered to this Voucher.

Amounts in Excess of \$7,500.00 must be approved by the Supervising, Administrative, or President Judge – as applicable.

A. AMOUNT PAID TO EXPERT WITNESS TO DATE: \$	B. OTHER FEE PETITIONS PENDING: <input type="checkbox"/> Yes <input type="checkbox"/> No
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10. ATTORNEY SIGNATURE _____ DATE _____

I certify that I have retained the above named Expert Witness, that the Expert Witness is necessary to provide appropriate representation to the above Defendant, and I will ensure that the Expert Witness performs his/her duties satisfactorily as requested. 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.

11. EXPERT WITNESS SIGNATURE _____ DATE _____

I certify that I have been retained by the above named attorney as an Expert Witness services in connection with this case. 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 to the Expert Witness listed above, consistent with the terms of AGB Order No. 01 of 2017 and 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 and by the Expert Witness, and as approved by the Court.

12. NAME OF TRIAL JUDGE	TRIAL JUDGE'S SIGNATURE	DATE
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SUPERVISING JUDGE OR ADMINISTRATIVE JUDGE'S SIGNATURE <i>(When necessary)</i>	DATE	PRESIDENT JUDGE'S SIGNATURE <i>(When necessary)</i>	DATE
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Instructions for the Completion of Expert Witness Payment Order/Voucher

SECTION 1- ATTORNEY & DEFENDANT INFORMATION

- Line 1: A. Enter the Appointment Letter invoice number & B. the Date of Appointment as they appear on the appointment letter.
Line 2: Enter the court-appointed attorney's LAST Name, MIDDLE Name, 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 business address, email address and telephone number.
Line 5: Enter the Defendant's LAST Name, MIDDLE Name, and FIRST Name as it appears on the appointment letter.
Line 6: Enter the CPCMS Docket Number or other appropriate Docket Number

SECTION 2 – EXPERT WITNESS INFORMATION

- Lines 7 - 8: Enter the full name, business address, email address, telephone number, and Business License number of the Expert Witness.

SECTION 3 - CASE TYPE

Select Homicide, Adult Non-Homicide, or Juvenile option depending on the Case type

SECTION 4 – EXPERT WITNESS FEES

- Line 9: Select the applicable Fee Type requested. Attach required documentation to Payment Voucher. If compensation on an hourly basis is requested, the Expert **must** attach a Chronological List of Services rendered to this Voucher. A Fee Petition and Order are no longer required.
A. Enter the Amount previously paid to the Expert Witness, if any
B. The Expert Witness must check whether other Expert Witness Fee requests are pending for the instant case.
Line 10: The Court-Appointed attorney must sign and date the Payment Voucher. Failure to sign and date will delay payment.
Line 11: The Expert Witness must sign and date the Payment Voucher. Failure to sign and date will delay payment.
Line 12: Enter the name of the Trial Judge. The blank entry on the Order portion will be entered by the Trial Judge.

Please Note

- 1) The Payment Order/Voucher must be completed by both the court-appointed attorney and the Expert Witness before the Court-Appointed Attorney submits it directly to the appropriate judge for review and approval.
- 2) Upon approval by the appropriate judge, the attorney should keep a copy of the signed Payment Order/Voucher, and shall promptly file the original as follows:
Criminal Cases: Justice Stout Center, Criminal Listings, 2nd Floor, 1301 Filbert Street, Philadelphia, PA.
Family Division Cases: at the Legal Liaison Payment Unit, 11th Floor, 1501 Arch Street, Philadelphia, PA.
- 3) Upon receipt, the applicable filing officer shall time-stamp, docket and scan the Payment Voucher/Voucher. Service of the Order or Payment Voucher shall be accomplished on all parties as well as on the City of Philadelphia Counsel Fee Unit (CounselFeeUnit@courts.phila.gov), as required. All original hard-copy Fee Petitions and Payment Vouchers will be provided promptly to the City of Philadelphia, Counsel Fee Unit, for processing and retention.
- 4) Payment will be made directly to the Expert Witness.
- 5) Payment status should only be requested from the City of Philadelphia sixty (60) days or more after the Payment Order/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
City of Philadelphia Managing Director's Office
1401 JFK Blvd. Suite 1340
Philadelphia, PA. 19102
215-686-5639

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