



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

Investigator 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 (Counsel must maintain their principal office in Philadelphia)		EMAIL ADDRESS	
Philadelphia, PA _____		TELEPHONE NUMBER	
5. DEFENDANT'S/PARTY'S LAST NAME	MIDDLE	DEFENDANT'S/PARTY'S FIRST NAME	6. CPCMS NUMBER OR OTHER DOCKET NUMBER
			____-51-____-____-____-____

SECTION 2 – INVESTIGATOR INFORMATION

7. INVESTIGATOR'S LAST NAME	MIDDLE	INVESTIGATOR'S FIRST NAME	8. LICENSE NUMBER
INVESTIGATOR ADDRESS		EMAIL ADDRESS	
		TELEPHONE NUMBER	

SECTION 3 - COURT-DIVISION-CASE TYPE

9. CRIMINAL-COURT OF COMMON PLEAS & MUNICIPAL COURT <input type="checkbox"/> Guaranteed Initial Fee <input type="checkbox"/> Homicide: \$300.00 <input type="checkbox"/> Felony: \$100.00 <input type="checkbox"/> Per Hour: \$40.00 Must Attach Chronological List of Services Rendered. Maximum Billable Amount Without Court Order: \$500 Amounts in Excess of \$500 require approval of Trial Judge and Supervising or Administrative or President Judge as appropriate	10. FAMILY COURT-DELINQUENT <input type="checkbox"/> Trial Preparation <input type="checkbox"/> Initial Fee: \$100 <input type="checkbox"/> Per Hour: \$40 Number of Hours: _____ Must Attach Chronological List of Services Rendered. See No. 12 below.	11. FAMILY COURT-DEPENDENT <input type="checkbox"/> Per Hour: \$40 Number of Hours: _____ Must Attach Chronological List of Services Rendered. See No. 12 below.
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SECTION 4 – SERVICES PROVIDED OR TO BE PROVIDED BY INVESTIGATOR-PAYMENTS TO INVESTIGATOR

12. PROVIDE A SUMMARY OF INVESTIGATIVE SERVICES RENDERED. **MUST ATTACH CHRONOLOGICAL LIST OF SERVICES RENDERED AND TIME EXPENDED.**

13. A. FEE REQUESTED: \$	B. AMOUNT PAID TO DATE: \$	C. OTHER FEE PETITIONS PENDING: <input type="checkbox"/> Yes <input type="checkbox"/> No
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14. ATTORNEY SIGNATURE _____ DATE _____

I certify that I have retained the above named investigator, that the investigatory services requested are necessary to provide appropriate representation to the above Defendant, and I will ensure that the investigator 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.

15. INVESTIGATOR SIGNATURE _____ DATE _____

I certify that I have been retained by the above named attorney to perform investigatory 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 Investigator 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 Investigator, and as approved by the Court.

16. NAME OF TRIAL JUDGE	TRIAL JUDGE'S SIGNATURE	DATE
SUPERVISING JUDGE OR ADMINISTRATIVE JUDGE'S SIGNATURE (When necessary)	DATE	PRESIDENT JUDGE'S SIGNATURE (When necessary) DATE

Instructions for the Completion of Investigator 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 or Party'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 - INVESTIGATOR INFORMATION

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

SECTION 3 - COURT-DIVISION-CASE TYPE

- Lines 9 - 11: Select the applicable Court/Division and case type. Select the Fee that is being requested. If payment on an hourly basis is being requested, the Investigator shall attach a detailed Chronological List of Services Rendered to this Voucher. A Fee Petition and Order are no longer necessary.

SECTION 4 – SERVICES PROVIDED OR TO BE PROVIDED BY INVESTIGATOR

- Line 12: Provide a general summary of investigative services rendered. If payment on an hourly basis is being requested, the Investigator shall attach a detailed Chronological List of Services Rendered to this Voucher.
Line 13: A. Enter the Amount Requested.
B. The Investigator must enter the Amount Paid to the Investigator to date, not including current Request.
C. The Investigator must check whether other Investigator Fee requests are pending for the instant case.
Line 14: The Court-Appointed attorney must sign the Payment Voucher, verifying necessity of investigatory services. Failure to sign and date will delay payment.
Line 15: The Investigator must sign the Payment Voucher, verifying performance of investigatory services. Failure to sign and date will delay payment.
Line 16: 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 Investigator 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 Investigator.
- 5) 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
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>.