

First Judicial District of Pennsylvania
 Modified Guaranteed Fee System
**Family Court Dependency
 Counsel Payment Voucher**

1(A) APPOINTMENT LETTER INVOICE NO.
APPOINTMENT DATE <div style="text-align: center;">____/____/____</div>

1. ATTORNEY NAME (Last, First, Middle Initial)	2. ATTORNEY ADDRESS (Counsel must maintain their principal office in Philadelphia)
3. ATTORNEY STATE I.D. NO.	Philadelphia, Pennsylvania 191____ Attorney Telephone Number: (215) _____
4. CLIENT NAME (Last, First, Middle Initial) <input type="checkbox"/> Child <input type="checkbox"/> Parent/Guardian	
5. PETITION NUMBER(S) _____ (No.) _____ (Yr.) _____ (Mo.)	6. HAS THERE BEEN PRIOR COUNSEL APPOINTED FOR YOUR CLIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. CHECK APPROPRIATE BOX

First Year: Dismissal (00) (\$500) After first hearing (01) (\$250)
 Five months after appointment or after second hearing, whichever comes first. (02) (\$250)

Second Year: Dismissal (03) (\$300) After first hearing (04)
 (\$150 appointments made July 2003 to Current)
 Five months after appointment or after second hearing, whichever comes first. (05)
 (\$150 appointments made July 2003 to Current)

Third and Subsequent Years:
 Review Hearings (maximum of two hearings per year) (06, 07, 08 ...) (\$60)

8. PROFESSIONAL SERVICES REQUESTED
 Check appropriate box(es)

Investigator

Expert Witness

9. REQUEST FOR PAYMENT BEYOND STANDARD AMOUNT

Attorney hereby requests approval for payment in excess of the amounts above. Approval must be counter-signed by the Family Division Administrative Judge.

The following supporting documentation is required for this request: petition; order; verification; and chronology. The petition will include the status of the case (final disposition or otherwise).

<p style="text-align: center;">10. Conditions for Payment</p> <p>Note: All payments made pursuant to this claim are subject to post-audit. Any overpayments are subject to collection, including deduction of amounts due from future vouchers.</p> <p>Note: To receive payment, submission must be made to the Presiding Judge or the Administrative Judge of the Family Division immediately upon the conclusion of a billable hearing and immediately delivered to the Legal Liaison Unit.</p> <p>Note: Attorneys are reminded that pursuant to the Philadelphia County Family Court Dependency Rules, they shall remain counsel of record until such time as an order of final disposition is entered or leave to withdraw representation is granted by the Court.</p> <p>Note: Attorneys receiving appointments where the prior attorney has withdrawn his appearance or has been removed as counsel by the Court will use the appointment date of the original attorney handling the case to determine the appropriate fee due at subsequent hearings.</p> <p>Note: The undersigned attorney maintains their principal office in Philadelphia County, has completed training as required by the Philadelphia County Family Court Dependency Rules, and understands 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.</p>	<p>12. DATE OF DISPOSITION _____/____/____</p> <p>SIGNATURE OF PRESIDING JUDGE/MASTER _____ DATE: _____</p> <p>ATTORNEY PRINT JUDGE'S NAME _____</p> <p>JUDICIAL CODE: _____ DATE: _____</p> <p>ADMINISTRATIVE JUDGE'S SIGNATURE (When necessary) _____ DATE: _____</p> <p style="text-align: center;"><i>To be completed by Counsel Fees Unit</i></p> <p>DATE OF RECEIPT _____/____/____</p> <p style="text-align: center;"><i>To be completed by Legal Liaison Unit</i></p> <p><input type="checkbox"/> Judicial/Master Review indicates that attorney was appointed and has appeared in this matter and Counsel Fees Unit can process for payment.</p> <p><input type="checkbox"/> Counsel Fees Unit to investigate accuracy of request for payment.</p>
11. ATTORNEY SIGNATURE	

Instructions for the Completion of the Family Court Dependency Modified Guaranteed Fee System Payment Voucher

General Notes

- Payment voucher forms are available at: Legal Liaison Payments Unit, Room 360, 1801 Vine Street.
- Please print legibly to speed processing of payment and press hard using a ball point pen.
- If all copies are not legible, the Petition will be returned.
- Please carefully complete all required sections as indicated, including 1(A). Instructions are detailed below.

Instructions

- Line 1:** Enter attorney's name as it appears on the appointment letter.
- Line 1(A):** Enter appointment letter invoice number and date of appointment as they appear on the appointment letter.
- Line 2:** Enter attorney's full Philadelphia address as it appears on the appointment letter.
- Line 3:** Enter attorney's state identification number.
- Line 4:** Enter Client name as it appears on appointment letter, and designate family relationship.
- Line 5:** Enter Dependent petition number as it appears on the appointment letter. ####-YYMM
- Line 6:** Check appropriate box.
- Line 7:** Check appropriate box.
- Line 8:** Check if support services were requested.
- Line 9:** Check **ONLY** if requesting payment above the standard in line 8.
- Line 10:** Informational.
- Line 11:** Sign Payment Voucher. Failure to sign voucher will delay processing of payment.

Attorney's signature represents the following averments:

- The attorney was appointed by the Court to represent the defendant in this case;
- The facts set forth in the payment voucher are true and correct to the best of the attorney's knowledge, information and belief;
- The attorney understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities;
- The attorney actively and diligently represented the defendant in this case;
- The payment voucher submitted is fair and reasonable compensation for services in this case based upon the time and effort expended; and
- The attorney has not received, nor contracted to receive, directly or indirectly, any compensation for such services from any source other than provided in the Act of Assembly.

- Line 12:** Enter the date the representation was concluded.

Order for Payment:

Leave blank. This section will be signed by the trial judge at disposition. It should be forwarded with a copy of appointment letter to:

Legal Liaison Payments Unit, Room 360, 1801 Vine Street