

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
ADMINISTRATIVE GOVERNING BOARD**

In re: No. 01 of 2017

***Court-Appointed Counsel, Investigative and Expert Witness Payment Orders and Vouchers
to be used for court-appointments made on and after July 1, 2018***

ORDER

AND NOW, this 28th day of June, 2018, in order to implement the Fee Schedule for court-appointment counsel which will become effective for appointments made on and after July 1, 2018, as provided in the orders dated June 26, 2017 and September 18, 2017, it is hereby ORDERED and DECREED that the attached Payment Order/Voucher forms are adopted by the Court and shall be used by court-appointed counsel, investigators and expert witnesses appointed on and after July 1, 2018.

BY THE COURT:

/s/ ***Sheila Woods-Skipper***

Honorable Sheila Woods-Skipper
Chair, Administrative Governing Board of
the First Judicial District of Pennsylvania
President Judge, Court of Common Pleas of
Philadelphia County



First Judicial District of Pennsylvania
Court-Appointed Counsel Payment Order/Voucher

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

Trial Division – Criminal

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

2. ATTORNEY'S LAST NAME	ATTORNEY'S MIDDLE NAME	ATTORNEY'S FIRST NAME	3. PA ATTORNEY I.D. NO.
4. ATTORNEY ADDRESS (Counsel must maintain their principal office in Philadelphia)		EMAIL ADDRESS	
Philadelphia, PA _____		TELEPHONE NUMBER	
5. DEFENDANT'S LAST NAME	MIDDLE INITIAL	DEFENDANT'S FIRST NAME	6. CPCMS NUMBER CP-51-CR- _____ - _____
			7. POLICE PHOTO NO.

Payment Voucher must be submitted for processing and approval within 90 days: of verdict in homicide cases, or disposition or sentencing in others.

8. PREPARATION FEES - PER DIEM FEES – MAXIMUM FEE CASE TYPES

Preparation Fees

- ☐ Capital Homicide - Lead Counsel: \$10,000.00
- ☐ Capital Homicide – Penalty Phase Counsel: \$7,500.00
- ☐ Non-Capital Homicide Trial: \$3,500.00
- ☐ Non-Capital Homicide – Second Chair: \$600.00
- ☐ Felony Trial First Degree: \$1,200.00
- ☐ Felony Trial – Other: \$750.00
- ☐ M.C. Appeal to C.P.: \$750.00
No Fee paid if Defendant withdraws Appeal at any time
No Fee paid if Commonwealth withdraws appeal prior to trial
- ☐ Writ of *certiorari* to C.P.: \$450.00
- ☐ Plea Accepted-Diversion Felony-Treatment Court: \$750.00
- ☐ Successful Decertification Motion: \$1,200.00
- ☐ Retrial Preparation Fee: \$ _____
- ☐ Mistrial Preparation Fee: \$ _____
- ☐ Early Parole Petition: \$250.00

Preparation Fees – Cont.

- ☐ Violation of Probation/Parole (VOP): \$150.00
- ☐ 5th Amendment Witness: \$150.00
- ☐ Contempt Hearing: \$150.00
- ☐ Status Listing/Hearing: \$100.00 - Date: _____

Per Diem Rate

- ☐ Homicide-Capital: \$400 (3 hours or less); \$700 (More than 3 hours) + Mitigation
- ☐ Homicide-Non-Capital: \$300 (3 hours or less); \$600 (More than 3 hours) + Mitigation
- ☐ Felony Non-Homicide: \$225 (3 hours or less); \$450 (More than 3 hours)
- ☐ Misdemeanor Appeal (Per Diem) \$150 (3 Hours or Less); \$300 (More than 3 Hours)

NOTE: CONTINUANCES ARE NOT COMPENSABLE

Maximum Fee Case Types – Must Attach Chronological List of Services Rendered.

- ☐ Felony: Appellate/PCRA: Maximum Fee: \$2,400
°Billable at \$65@hour (in-court and out-of-court)
- ☐ Homicide: Appellate/PCRA: Maximum Fee: \$6,000
°Billable at \$85@hour (in-court and out-of-court)

Rate: \$ _____ # of Hours: _____ = TOTAL: \$ _____

A. APPLICABLE PREPARATION FEE: \$		B. APPLICABLE PER DIEM RATE: \$		C. MAXIMUM FEE/ HOURLY TOTAL: \$	
D. PER DIEM CHARGES (LIST THE DATE AND THE APPLICABLE RATE FOR EACH DAY OR TRIAL/HEARING). NOTE: CONTINUANCES ARE NOT COMPENSABLE (Add Additional Pages As Necessary)					
	½ Day	Full Day		½ Day	Full Day
1) Day 1 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>	6) Day 6 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
2) Day 2 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>	7) Day 7 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
3) Day 3 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>	8) Day 8 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
4) Day 4 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>	9) Day 9 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
5) Day 5 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>	10) Day 10 _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
No. of Full Days: _____		Multiplied by <i>Per Diem</i> Rate: \$ _____		= SUB-TOTAL: \$ _____	
No. of Half Days: _____		Multiplied by <i>Per Diem</i> Rate: \$ _____		= SUB-TOTAL: \$ _____	

E. TOTAL AMOUNT REQUESTED:	9. DATE REPRESENTATION ENDED/PAYMENT AUTHORIZED:
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10. ATTORNEY SIGNATURE	DATE
<p>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, 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.</p>	

**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. 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 as approved by the Court.

11. 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 Attorney Payment Order/Voucher Trial Division - Criminal

- 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 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 defendant's LAST Name, MIDDLE Name, and FIRST Name as it appears on the appointment letter.
- Line 6: Enter the CPCMS Docket Number in the following sequence:
Common Pleas Trial Division cases CP-51-CR-(XXXXXXXX) -Year (XXXX)
- Line 7: Enter the defendant's six-digit police photo number.
- Line 8: Check as appropriate: Preparation Fee, Status Hearing/Listing Fee, *Per Diem* Fee, and Maximum Fee.
A. Enter the applicable Preparation Fee or Treatment Court Status Listing Fee for the instant case.
B. Enter the applicable *Per Diem* Rate for the instant case.
C. For **Maximum Fee Case Types**: Enter the Requested Amount. The court-appointed attorney ***must*** attach a Chronological List of Services Rendered to this Voucher. A Fee Petition and Order are no longer necessary.
D. Insert the specific date for each court appearance and check whether you spent a full day or a half-day in court. AGB Order 01 of 2017 defines a full day as more than 3 hours and a half-day as 3 hours or less. Add the number of Full Days and Half Days spent in court, multiply by the applicable *per diem* rate stated in Section 8.B. and Sub-Total the *per diem* charges for Full and Half Days. **Time spent in court asking for a continuance is not compensable.**
E. Enter the total amount requested. For Maximum Fee cases, see subsection C., above.
- Line 9: Enter the date Representation ended or conclusion of stage for which payment is authorized.
- Line 10: Sign the Payment Voucher. Failure to sign the Voucher will delay processing of payment.
- Line 11: Enter the name of the Trial Judge. The blank entry on the Order portion will be entered by the Trial Judge.

Please Note

- 1) AGB Order No. 01 of 2017 requires that 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 Vouchers must be completed by the court-appointed attorney and submitted, together with a copy of the Appointment Letter, directly to the appropriate judge for review and approval without first being filed with the Office of Judicial Records or other applicable filing office or officer.
- 3) Upon approval by the appropriate judge, the original Payment Voucher shall be promptly filed of record by the attorney with Criminal Listings, 2nd Floor, Justice Stout Center, or with any other filing office or officer as the Court may direct from time to time. The attorney should keep a copy of the signed Payment Order/Voucher.
- 4) Upon receipt, the applicable filing officer shall time-stamp, docket and scan the Payment Order/Voucher. As provided in Philadelphia Criminal Rule 576 (g), the Payment Order/Voucher shall be served on all parties, including the City of Philadelphia Counsel Fee Unit (CounselFeeUnit@courts.phila.gov). All original hard-copy Fee Petitions and Payment Vouchers will be promptly provided to the City of Philadelphia, Counsel Fee Unit, for processing and retention consistent with Philadelphia Criminal Rule 576 (d).
- 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
CounselFees@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>.



First Judicial District of Pennsylvania
Court-Appointed Counsel Payment Order/Voucher
*Fees and Procedures Are Applicable Only to Court Appointments
Made On and After July 1, 2018*

Municipal Court – Criminal Division

1. A. APPOINTMENT LETTER INVOICE NO.

B. DATE OF APPOINTMENT

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. DEFENDANT'S LAST NAME

MIDDLE

FIRST NAME

6. CPCMS NUMBER

MC-51-CR- _ _ _ _ _ - _ _ _ _ _

7. POLICE PHOTO NO.

Payment Voucher must be submitted for processing and approval within 90 days of disposition or sentencing.

8. APPLICABLE FEES

A. FIXED FEE CASES

- ☐ Municipal Court Trial - Felony: \$450.00
☐ Felony Remand-Trial: \$450.00
☐ Municipal Court Trial - Misdemeanor: \$450.00
☐ Plea Accepted-Diversion-Felony-Treatment Court: \$450.00
☐ Early Parole Petition: \$250.00
☐ Felony Preliminary Hearing Disposition: \$225.00
☐ Non-Traffic Summary Offenses: \$150.00
☐ Fifth Amendment Witness: \$150.00
☐ Contempt Hearing: \$150.00
☐ Violation of Probation/Parole Hearing (VOP): \$150.00

B. STATUS HEARING FEES:

- ☐ Mental Health Court Status Hearing: \$100.00
☐ Early Bail Review Hearings: \$100.00
☐ Treatment Court Hearing - Status Hearing: \$100.00
☐ Bench Warrant Hearing: \$100.00
☐ Diversion Program Status Hearing: \$100.00
☐ Problem Solving Courts Status Hearing: \$100.00

Date of Hearing: _____

C. TOTAL AMOUNT REQUESTED (AS APPLICABLE)
\$

11. DATE REPRESENTATION ENDED/PAYMENT AUTHORIZED:

12. ATTORNEY SIGNATURE

DATE

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, 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. 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 as approved by the Court.

11. NAME OF TRIAL JUDGE

TRIAL JUDGE'S SIGNATURE

DATE

SUPERVISING JUDGE'S SIGNATURE (When necessary)

DATE

PRESIDENT JUDGE'S SIGNATURE (When necessary)

DATE

Instructions for the Completion of Attorney Payment Order/Voucher Municipal Court Criminal Division

- 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 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 defendant's LAST Name, MIDDLE Name, and FIRST Name as it appears on the appointment letter.
- Line 6: Enter the CPCMS Docket Number in the following sequence:
Municipal Court cases MC-51-CR-(XXXXXXXX) -Year (XXXX)
- Line 7: Enter the defendant's six-digit police photo number.
- Line 8: The applicable Municipal Court Fees are listed. Check as appropriate.
A) Insert the applicable Fixed Fee amount for the instant case.
B) Insert the applicable Status Hearing Fee amount for the instant case.
C) Enter the total amount requested.
- Line 9: Enter the date the representation ended or conclusion of stage for which payment is authorized.
- Line 10: Sign the Payment Voucher. Failure to sign the Voucher will delay processing of payment.
- Line 11: Enter the name of the Trial Judge. The blank entry on the Order portion will be entered by the Trial Judge.

Please Note

- 1) AGB Order No. 01 of 2017 requires that 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 for review and approval without first being filed with the Office of Judicial Records or other applicable filing office or officer.
- 3) Upon approval by the appropriate judge, the original Payment Order/Voucher shall be promptly filed of record by the attorney with Criminal Listings, 2nd Floor, Justice Stout Center, or with any other filing office or officer as the Court may direct from time to time. The attorney should keep a copy of the signed Payment Order/Voucher.
- 4) Upon receipt, the applicable filing officer shall time-stamp, docket and scan the Payment Order/Voucher. As provided in Philadelphia Criminal Rule 576 (g), the Payment Order/Voucher shall be served on all parties, including the City of Philadelphia Counsel Fee Unit (CounselFeeUnit@courts.phila.gov). All original hard-copy Fee Petitions and Payment Vouchers will be promptly provided to the City of Philadelphia, Counsel Fee Unit, for processing and retention consistent with Philadelphia Criminal Rule 576 (d).
- 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
CounselFees@phila.gov
City of Philadelphia Managing Director's
Office 1401 JFK Blvd. Suite 1340
Philadelphia, PA.19102
215 686-5639

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



First Judicial District of Pennsylvania
Court-Appointed Counsel Payment Order/Voucher

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

Municipal Court Traffic Division

1. A. APPOINTMENT LETTER INVOICE NO.

B. DATE OF APPOINTMENT

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)		EMAIL ADDRESS	
Philadelphia, PA _ _ _ _ _		TELEPHONE NUMBER	

Payment Voucher must be submitted for processing and approval within 90 days of trial.

5. APPLICABLE FEES			
A. TRAFFIC DIVISION ON-CALL COUNSEL		A1. NUMBER OF CASES APPOINTED FOR THE COURT SESSION	
<input type="checkbox"/> On-Call Counsel – per daily list (\$350.00)			
B. APPEAL FROM TRAFFIC DIVISION CASE			
<input type="checkbox"/> Traffic Division Appeal for Trial <i>De Novo</i> in the Court of Common Pleas (\$450.00)			
B1. DEFENDANT'S LAST NAME	MIDDLE	DEFENDANT'S FIRST NAME	B2. CITATION NUMBER
			B3. CPCMS NUMBER CP-51-SA - _ _ _ _ _ - _ _ _ _ _

***Please see Instructions on Reverse side concerning documents to attach to this Payment Order/Voucher
which must be filed with the Municipal Court Traffic Division after the Summary Appeal has been disposed.***

D) AMOUNT REQUESTED \$	DATE REPRESENTATION ENDED
6. ATTORNEY SIGNATURE	
DATE	

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, 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. 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 as approved by the Court.

7. TRAFFIC DIVISION ADMINISTRATIVE JUDGE	TRAFFIC DIVISION ADMINISTRATIVE JUDGE'S SIGNATURE	DATE
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Instructions for the Completion of Attorney Payment Order/Voucher Municipal Court Traffic Division

- Line 1: If applicable, 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 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: The Fee for On-Call Counsel and for Appeal for a *Trial De Novo* are listed. Check option A or option B.
- A) If you are requesting compensation as On-Call Counsel:
1. Enter the number of cases appointed for the Court session. This information is needed for internal tracking.
- B) If you are requesting compensation for filing an Appeal for a *Trial De Novo*:
1. Enter defendant's name as it appears on the appointment letter.
2. Enter the Traffic Division Citation Number.
3. Enter the CPCMS Docket Number, when appointed in connection with an appeal for a trial de novo before the Court of Common Pleas, in the following sequence:
- Traffic Division Appeal CP-51-SA-(XXXXXXXX) -Year (XXXX)
- Note: You must submit the following documents with this Payment Voucher: (1) Appointment letter for date of On-Call Representation; and (2) Entry of Appearance in connection with the Appeal.***
- C) Enter the total amount requested.
- Line 6: Enter the date the representation rendered pursuant to 5.A. or 5.B. concluded.
- Line 7: Sign the Payment Order/Voucher. Failure to sign the Voucher will delay processing of payment.
- Line 8: Enter the name of the Traffic Division Administrative Judge. The blank entry on the Order portion will be entered by the Administrative Judge.

Please Note

- 1) AGB Order No. 01 of 2017 requires that all Fee Petitions and Payment Orders/Vouchers must be filed within the following periods:
 - a) After verdict, plea, or mistrial, no later than ninety (90) days after the disposition.
 - b) After sentencing, no later than ninety (90) days after sentencing, regardless of whether the case is appealed.
 - c) 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 Order/Voucher must be completed by the court-appointed attorney and submitted, together with a copy of the Appointment Letter, directly to the Administrative Judge of the Traffic Division for review and approval.
- 3) Upon approval, the Administrative Judge of the Traffic Division shall forward the original Payment Order/Voucher to the Municipal Court Traffic Division, Attorney Filing Unit, 800 Spring Garden Street, Philadelphia, PA.
- 4) The Attorney Filing Unit shall time-stamp, docket and scan the Payment Order/Voucher, and shall promptly serve all parties, including the court-appointed attorney and the City of Philadelphia Counsel Fee Unit (CounselFeeUnit@courts.phila.gov). 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.
- 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

CounselFees@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>.



First Judicial District of Pennsylvania
Court-Appointed Counsel Payment Order/Voucher

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

Family Court – Dependency

1. A. APPOINTMENT LETTER INVOICE 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)		EMAIL ADDRESS	
Philadelphia, PA _____		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"/> 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"/> 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			
B. DATE OF SERVICE		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 A detailed attachment must be included setting forth the services rendered and time expended.			B. DATE REPRESENTATION ENDED/ PAYMENT AUTHORIZED:
10. ATTORNEY SIGNATURE _____ DATE _____			
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, 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. 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 subject to correction by the Legal Liaison Payment Unit, as noted below:			
<input type="checkbox"/> 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 _____	
SUPERVISING JUDGE OR ADMINISTRATIVE JUDGE'S SIGNATURE (When necessary)			DATE _____

Instructions for the Completion Attorney Payment Order/Voucher

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 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-(XXXXXXX) -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.

Please Note

- 1) AGB Order No. 01 of 2017 requires that 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 PCRAs, 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
CounselFees@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>



First Judicial District of Pennsylvania
Court-Appointed Counsel Payment Order/Voucher

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

Family Court
Delinquent, Abuse & Domestic Relations

1. A. APPOINTMENT LETTER INVOICE 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
3. PA ATTORNEY I.D. NO.		
4. ATTORNEY ADDRESS (Counsel must maintain their principal office in Philadelphia)		EMAIL ADDRESS
Philadelphia, PA _____		TELEPHONE NUMBER
5. DEFENDANT'S LAST NAME	MIDDLE	DEFENDANT'S FIRST NAME
6. A. CASE NUMBER		
6. B. CPCMS NUMBER(S) CP-51-JV- _____ - _____ CP-51-JV- _____ - _____		
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 DELINQUENT/ABUSE COURT-APPOINTED REPRESENTATION		
<input type="checkbox"/> Delinquency Felony: \$550.00 <input type="checkbox"/> Delinquency Misdemeanor: \$450.00 <input type="checkbox"/> Rape, IDSI, Juvenile Felony Sex Case*: \$750.00 <i>*Requires 3 CLE @ year and Certification by Family Court</i> <input type="checkbox"/> Consent Decree – at JJSC: \$225.00 <input type="checkbox"/> Delinquent Review – per hearing: \$75.00 Date of Hearing: _____		
<input type="checkbox"/> On-Call Counsel-No Appointment: \$350.00 <input type="checkbox"/> Protection from Abuse – D.R.: \$350.00 <input type="checkbox"/> Private Counsel Retained: \$225.00 <input type="checkbox"/> Fifth Amendment Witness: \$225.00 <input type="checkbox"/> Bench Warrant: \$225.00		
B. DATE OF SERVICE		B. DATE OF SERVICE
8. A. FEES FOR ON-CALL COUNSEL – DOMESTIC RELATIONS <input type="checkbox"/> On-Call Counsel – 1501 Arch Street – No Appointment: \$350.00 per Daily List		B. DATE OF SERVICE
9. ATTORNEY SIGNATURE _____ DATE _____		
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, 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. 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 subject to correction by the Legal Liaison Payment Unit, as noted below: <input type="checkbox"/> Fee adjusted to \$ _____ due to the following ministerial error by counsel: <div>LEGAL LIAISON UNIT- NAME: _____ DATE: _____</div>		
10.. NAME OF PRESIDING JUDGE/JCHO	PRESIDING JUDGE/JCHO'S SIGNATURE	DATE
SUPERVISING JUDGE OR ADMINISTRATIVE JUDGE'S SIGNATURE (When necessary)		DATE

Instructions for the Completion of Attorney Payment Order/Voucher Family Court – Delinquent, Abuse & Domestic Relations

- 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 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 defendant’s LAST Name, MIDDLE Name, and FIRST Name as it appears on the appointment letter.
- Line 6: A.: Enter the Domestic Relations, or Abuse Case Docket Number.
B.: Enter the CPCMS Docket Number(s) in the following sequence:
Family Court – Delinquent cases CP-51-JV-(XXXXXXXX) -Year (XXXX)
- Line 7: A. The Fees for Delinquent and Abuse representation are listed. Check applicable fee. Note: new counsel appointed for trial after a Consent Decree is revoked for non-compliance shall be paid, as applicable, the Delinquency Misdemeanor or Felony fee after adjudication.
B. Enter the Date of Service.
- Line 8: A. Check this Option if you were appointed as On-Call Counsel in Domestic Relations.
B. Enter the Date of Service as On-Call Counsel.
- Line 9: Sign and date the Payment Order/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.

Please Note

- 1) AGB Order No. 01 of 2017 requires that 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 PCRAs, 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
CounselFees@phila.gov
City of Philadelphia Managing Director's Office
1401 JFK Blvd. Suite 1340
Philadelphia, PA. 19102
215-686-5639

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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
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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
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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
CounselFees@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>.



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 (Counsel must maintain their principal office in Philadelphia) Philadelphia, PA _ _ _ _ _		EMAIL ADDRESS	
		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
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
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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
SUPERVISING JUDGE OR ADMINISTRATIVE JUDGE'S SIGNATURE (When necessary)		DATE
PRESIDENT JUDGE'S SIGNATURE (When necessary)		DATE

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:

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City of Philadelphia Managing Director's Office
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Philadelphia, PA. 19102
215-686-5639

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