

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER	
3. MAG. DKT./DEF. NO.	4. DIST. DKT./DEF. NO.	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NO.
7. IN CASE/MATTER OF (<i>Case Name</i>) USA vs.	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE <i>(See Instructions)</i>

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

12. ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix.</i>) AND MAILING ADDRESS Telephone Number: _____	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (<i>See Instructions</i>) _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order _____ Repayment or partial repayment ordered from the person represented for this at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date _____
--	--

CLAIM FOR SERVICES AND EXPENSES **FOR COURT USE ONLY**

CATEGORIES (<i>Attach itemization of services with dates</i>)	HOURS CLAIMED			TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
	09/01/13 - Current (\$110/hour)	01/01/10 - 08/31/13 (\$125/hour)	03/11/09 - 12/31/09 (\$110/hour)				
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearing						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (<i>Specify on additional sheets</i>)						
	TOTALS (15a-15h):						
	TOTALS x Rate/HR:						
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and other work (<i>Specify on additional sheets</i>)						
	TOTALS (16a-16e):						
	TOTALS x Rate/HR:						
17.	Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)			\$0.00			
18.	Other Expenses (<i>other than expert, transcripts, etc.</i>)						
GRAND TOTALS (CLAIMED AND ADJUSTED):				\$0.00			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
FROM: _____ TO: _____		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Other than from the Court, have you, or to your knowledge has anyone else, received payment (<i>compensation or anything of value</i>) from any other source in connection with this representation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details on additional sheets. I swear and affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____		

APPROVED FOR PAYMENT --- COURT USE ONLY						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPR./CERT.		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount</i>			DATE	28a. JUDGE CODE		