



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

1. NAME OF APPOINTING JUDGE		2. DATE OF APPOINTMENT	
3. ATTORNEY'S NAME (last, first, and middle initial)			
4. PA ATTORNEY I.D. NO.		5. ATTORNEY'S ADDRESS (<i>where service is made</i>)	
6. TELEPHONE NUMBER			
7. E-MAIL ADDRESS		8. DOCKET NUMBER (JV Delinquency)	
9. DEFENDANT/CLIENT NAME			
The Payment Voucher must be submitted for processing and approval on or before the 10th day of each month for the previous calendar month's billable activities. A 10% reduction in fees will be applied per month for a late Payment Voucher(s). Please attach your statement of billable activity directly to the Payment Voucher.			
Hourly Rate <input type="checkbox"/> Counsel for Juvenile – \$60.00/hr.			
NOTE: BILLING SHALL CONFORM TO THE COURT ADOPTED STANDARDS FOR FEES AND EXPENSES			
10. AMOUNT REQUESTED: \$ _____		11. ATTORNEY SIGNATURE: _____	
FOR COURT USE ONLY – REVIEW AND APPROVAL			
AMOUNT APPROVED: <input type="checkbox"/> SAME AS REQUESTED <input type="checkbox"/> DIFFERENT AMOUNT: \$ _____			
BUDGET LINE ITEM: 41983-42857			
COURT ADMINISTRATOR: _____		DATE: _____	