



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 Dependency)	
9. DEFENDANT/CLIENT NAME			
10. NAME OF CHILD			
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 Parent – \$60.00/hr. <input type="checkbox"/> Guardian Ad Litem – \$60.00/hr. <input type="checkbox"/> Counsel for Child – \$60.00/hr.			
NOTE: BILLING SHALL CONFORM TO THE COURT ADOPTED STANDARDS FOR FEES AND EXPENSES			
11. AMOUNT REQUESTED: \$ _____		12. 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: 41983-428011 (Parent) 44220-428016 (GAL)/(COUNSEL FOR CHILD)			
COURT ADMINISTRATOR: _____		DATE: _____	