



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 (FAMILY)	
9. DEFENDANT/CLIENT NAME			
<b>The Payment Voucher must be submitted for processing and approval on or before the 10<sup>th</sup> 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.</b>			
<b>Hourly Rate</b> <input type="checkbox"/> GAL/Custody - \$60.00/hr. <input type="checkbox"/> GAL/PFA - \$60.00/hr. <input type="checkbox"/> CCCO Conflict - \$60.00/hr. <input type="checkbox"/> Title IV-D Conflict - \$50.00/hr. <input type="checkbox"/> General Appointment - \$50.00/hr.			
<b>NOTE: CONTINUANCES ARE NOT COMPENSABLE</b>			
10. AMOUNT REQUESTED: \$ _____		11. ATTORNEY SIGNATURE: _____	
<b>FOR COURT USE ONLY – REVIEW AND APPROVAL</b>			
AMOUNT APPROVED: <input type="checkbox"/> SAME AS REQUESTED <input type="checkbox"/> DIFFERENT AMOUNT: \$ _____			
BUDGET LINE ITEM: 41983-42846			
COURT ADMINISTRATOR: _____		DATE: _____	