

Defendants Name: \_\_\_\_\_

Attorney name \_\_\_\_\_

Judge \_\_\_\_\_

Voucher Amount: \_\_\_\_\_

Vendor ID \_\_\_\_\_

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**VOUCHERS REQUIRED TO BE SUBMITTED WITHIN 60 DAYS FROM COMPLETION OF LEGAL SERVICES**

(Check If Applicable)	AUTHORIZED FEE	REQUESTED FEE
<input type="checkbox"/> Guilty plea before day set for trial / Criminal Plea Hearing	200.00	_____
<input type="checkbox"/> Hearing on written motion if contested (specify motion: _____)	75.00	_____
<input type="checkbox"/> Pre-Trial conference	50.00	_____
<input type="checkbox"/> Hearing with testimony	150.00	_____
<input type="checkbox"/> Written brief (where authorized by judge)	150.00	_____
<input type="checkbox"/> Preparation for trial - FH	200.00	_____
<input type="checkbox"/> Preparation for trial - FC	400.00	_____
<input type="checkbox"/> Guilty plea on day of trial	50.00	_____
<input type="checkbox"/> A.M. 1/2 day trial		
1. Capitol offense	400.00	_____
2. All other crimes	250.00	_____
3. Limited appearance in the afternoon for trial	100.00	_____
4. Trial all afternoon-FC & FH	200.00	_____
5. Return for the verdict or further instructions in P.M. or next day	50.00	_____
<input type="checkbox"/> Pre-Sentence jail visit _____ Date	50.00	_____
<input type="checkbox"/> Sentencing date _____	150.00	_____
<input type="checkbox"/> Attending court when sentence is deferred and attorney appears	50.00	_____
<input type="checkbox"/> Services in District Court upon remand	100.00	_____
Extraordinary services (attach affidavit)		
FC Jail Visit(attach form)	_____	_____
Less payment received from other sources ( If none, write NONE)		\$ _____
TOTAL FEES requested to be paid by county		\$ _____

No Comment  
Area

I hereby certify that I have necessarily performed the services for which the above fees are requested, and that I have been paid no other fee except as set forth above. **I FURTHER CERTIFY THAT I HAVE RETURNED TO THE COUNTY CLERK ANY PRELIMINARY EXAM TRANSCRIPT THAT I HAD IN MY POSSESSION.** I declare that the representations above are true and accurate under the penalty of perjury.

Signed: \_\_\_\_\_ Counsel Date: \_\_\_\_\_

I have reviewed the above petition and approve the requested fee.

Signed: \_\_\_\_\_ Court Admin. Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Chief Circuit Judge Date: \_\_\_\_\_