

LIST OF ALLOWANCES

Commonwealth of Virginia

VENDOR INVOICE NO.

VENDOR REFERENCE (MAXIMUM 23 CHARACTERS)

.....
CITY OR COUNTY

[] General District Court [] Traffic [] Criminal
[] Juvenile & Domestic Relations District Court [] Circuit Court

.....
VENDOR F.I.N. OR SOCIAL SECURITY NUMBER

.....
PAY TO THE ORDER OF: FIRM, CO., INDIVIDUAL

.....
ADDRESS

.....
CITY, STATE, ZIP

CERTIFICATE OF ALLOWANCE FOR PAYMENT

Said account has been duly examined by the undersigned and it appearing to be correct and unpaid, the account is hereby certified to the Supreme Court of Virginia for payment.

_____/_____/_____
CLERK/DEPUTY CLERK DATE

Defendant's Name	Case Number	Original Code § Charged	Chart of Allowances Code §
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Trial/Service Date: / / Specify case type: Adult Juvenile For district court felony, was case certified? Yes No

For adult criminal and juvenile delinquency cases, specify offense type or equivalent: Misdemeanor Felony (Class 1) Felony (Class 2) Felony (Class 3-6) **OR** For other juvenile ct. cases, specify type of representation and client: _____
 Felony (unclass., punish. by more than 20 yrs.) Felony (unclass., punish. by 20 yrs. or less) Appeal from juvenile court? Yes No
Disposition: Guilty/Delinq. Not Guilty/Not Delinq. Nolle Pros. Defer/Dismiss Dismissed Other _____

Itemize expenses (include receipt for any over \$20): _____	Court Use Only – Amount Allowed:
Calculate total time spent for charge: Fee amount claimed (not to exceed cap): \$ _____	Fee amount: \$ _____
In Court time: _____ Hrs. _____ Min. \$ _____ Total expenses: \$ _____	Expenses: \$ _____
Out of Court time: _____ Hrs. _____ Min. \$ _____ Waiver amount requested: \$ _____	Waiver amount: \$ _____
Total: \$ _____ Total amount claimed: \$ _____	Total: \$ _____

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Out of Court time: _____ Hrs. _____ Min. \$ _____ Waiver amount requested: \$ _____	Waiver amount: \$ _____
Total: \$ _____ Total amount claimed: \$ _____	Total: \$ _____

I certify that the above claim for fees and/or expenses is true and accurate and that no compensation for the time or services set forth has previously been received.

AMOUNT CERTIFIED FOR PAYMENT \$ _____

_____/_____/_____
VENDOR'S SIGNATURE DATE VSB MEMBER NUMBER

I have reviewed the foregoing information and authorize the amount allowed to the vendor named above.

_____/_____/_____
JUDGE DATE

Voucher # _____
(OES USE ONLY)

_____/_____/_____
CHIEF JUDGE DATE
(Chief Judge's signature required when fee for additional waiver is allowed per Form DC-40(A))