

COURT APPOINTED ATTORNEY INVOICE

ASSIGNED COUNSEL VOUCHER

ATTORNEY INFORMATION

Name:

Address:

City/State/Zip:

Tax ID / SSN:

CASE INFORMATION

Case Number:

Client Name:

Court / Division:

Charge:

PROFESSIONAL SERVICES

Date	Activity Description (In-Court / Out-of-Court)	Hours	Rate	Total

EXPENSES (Mileage, Filings, etc.)

Date	Expense Description	Amount

Total Hours:	
Total Fees:	\$
Total Expenses:	\$
GRAND TOTAL:	\$

I hereby certify that the above services were rendered and expenses incurred in the representation of the named client by order of the court.

Attorney Signature

Date

COURT APPROVAL (OFFICE USE ONLY)

The court finds the above fees and expenses reasonable and orders payment in the amount of:
\$ _____

Presiding Judge / Magistrate

Date