

**CRIMINAL JUSTICE ACT (CJA)
VOUCHER AND INVOICE FOR ATTORNEY SERVICES**

CASE INFORMATION

Voucher Number:

Case Number:

Defendant Name:

Offense Charged:

ATTORNEY INFORMATION

Attorney Name:

Law Firm/Address:

Tax ID / SSN:

ITEMIZATION OF SERVICES

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

EXPENSES

Date	Description (Travel, Photocopies, etc.)	Amount

Total Fees:

Total Expenses:

GRAND TOTAL:

Attorney Signature

Date

Presiding Judge Approval

Date