Assigned Counsel Fee Voucher

Government Funded Legal Services Division

ATTORNEY NAME / PAYEE:
TAX ID / SSN:
VENDOR NUMBER:
INVOICE NUMBER:
DATE OF SUBMISSION:
COURT / JURISDICTION:
CASE INFORMATION:

CLIENT NAME:
CASE/DOCKET NUMBER:
CHARGE(S) / MATTER TYPE:
DISPOSITION:

Date	Description of Service (In-Court / Out-of-Court)	Hours	Amount
	Subtotal Professional Fees:		
	Reimbursable Expenses (Travel, Filing, etc):		
TOTAL CLAIM:			**$**

I hereby certify that the above services were performed and expenses incurred in the representation of the assigned client, and that no part of this claim has been previously paid.

ATTORNEY SIGNATURE