

FOR JUDICIAL USE ONLY

Reason for Appointment (Check One):

_____ Conflict in Public Defender Office

_____ No Public Defender Office

_____ Case Overload in Public Defender Office

_____ Other

PDS USE ONLY
INVOICE NUMBER

IN THE CIRCUIT COURT OF _____ COUNTY

STATE OF WEST VIRGINIA

CASE NUMBER(S) _____

VS. _____

**ORDER APPROVING PAYMENT OF
APPOINTED COUNSEL FEES AND EXPENSES**

On a former date an affidavit was filed in this Court reciting that _____ was financially unable to employ counsel for representation in certain proceedings before this Court; and the Court being of the opinion the eligibility requirements of W.Va. Code § 29-21-1, et seq, were satisfied appointed _____ a licensed Attorney at Law practicing before the Bar of this Court as counsel.

Counsel informs this Court these proceedings have been completed, and has tendered to the Court a defense counsel voucher indicating the services performed and the expenses incurred in connection with the representation of this client. This Court has inspected said voucher and accompanying documentation and does hereby approve a payment of: \$ _____ for services of counsel and for expenses incurred in connection with the representation; which amount shall be recorded by the Circuit Clerk a part of the costs of these proceedings.

Accordingly it is **HEREBY ORDERED:**

(1) That the Clerk forward to Public Defender Services two certified copies of this Order together with two copies of the defense counsel voucher and all attachments;

(2) That Public Defender Services issue payment in the appropriate amount, at whatever time as funds may become available, whether in the current or succeeding fiscal years, and subject to statutory limits, to:

_____, _____
Payee Name Tax Identification Number

Payee Mailing Address

ENTER THIS _____, DAY OF _____,
(day) (month) (year)

JUDGE

IMPORTANT NOTE: All required orders of court must be certified copies and must bear the Circuit Clerk's seal.

PUBLIC DEFENDER SERVICES Defense Counsel Voucher Information Page

I.
From: _____
Name of Appointed Attorney

This claim relates to proceedings in _____ County

Client Status: _____ Adult _____ Juvenile Date of Appointment: _____

Client: _____ Client's State of Residence _____
(Residence **MUST** be completed)

II
Type of proceeding (use letter codes). _____

- | | | |
|--------------------------------|-----------------------------------|----------------------|
| A. Felony | H. Child Abuse & Neglect | N. Fugitive |
| B. Misdemeanor | I. Habeas Corpus (Cir. Ct.) | O. Extradition |
| C. Mental Hygiene | J. Supreme Court | P. Other _____ |
| D. Juvenile Proceedings | K. Magistrate Court Appeal | (Specify) |
| F. Parole/Probation Revocation | L. Termination of Parental Rights | Q. Municipal Charges |
| G. Mandamus Prohibition | M. Contempt | |

Specific Criminal Charge	Code Citation	Case Number
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Disposition Date: _____

Last date of service: _____

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Is this a Supplemental Voucher
YES ____ NO ____

Date _____

WVFIMS# _____

III.
Fee Claimed \$ _____

Expense Claimed \$ _____

Total Claimed \$ _____

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Actual Fee \$ _____

Actual Expense \$ _____

Actual Total \$ _____

I hereby affirm that the above statements are true and correct.

DATE

ATTORNEY SIGNATURE

Payee Telephone Number

Payee Fax Number

EMAIL ADDRESS: _____

