



## 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 | Municipal Charges |
| G. Mandamus Prohibition        | M. Contempt                       | Q.                |

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

Disposition Date: \_\_\_\_\_

Last date of service: \_\_\_\_\_

PDS USE ONLY	
Is this a Supplemental Voucher	
YES _____	NO _____
Date _____	
WVFIMS# _____	

III.  
Fee Claimed            \$ \_\_\_\_\_  
  
Expense Claimed      \$ \_\_\_\_\_  
  
Total Claimed         \$ \_\_\_\_\_

PDS USE ONLY	
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: \_\_\_\_\_