

COURT APPOINTED ATTORNEY VOUCHER
FOR COMPENSATION & EXPENSES IN _____ COUNTY

STATE OF SOUTH DAKOTA, vs.

☐ DEFENDANT ☐ JUVENILE ☐ OTHER _____

DOB: _____ FILE #: _____

ASSIGNED JUDGE: _____

TYPE OF ACTION:

STATUS OF

CHARGES: _____

CASE:

FELONY ☐ DISMISSED ☐

MISDEMEANOR ☐ PENDING ☐

JUVENILE ☐ ACQUITTED ☐

A&N ☐ SENTENCED ☐

MISC ☐

County of Residence: _____

Address: _____

Parent or Guardian Information Required for all Juvenile Cases: _____

CLAIM OF: _____ **ADDRESS:** _____

INSTRUCTIONS: Provide dates of services and time spent in hours and fractional hours into an attached detailed itemization sheet. Enough detail must be provided to ensure that the Judge can make a determination as to the reasonableness of the fees requested. In addition to the itemization, you will also need to complete the TOTAL COMPENSATION & EXPENSES CLAIMED section on this voucher before signing. A voucher must be completed for each individual case and filed with the Clerk of Court's office after the Judge has signed.

When court-appointed attorney fees are ordered to be paid, the Clerk will forward the filed voucher to:

☐ the County Auditor for processing; or

☐ email to SD Department of Corrections at Jackie.Hanson@state.sd.us (only when crime(s) were committed by inmates confined in a DOC facility).

See complete Court-Appointed Attorney Guidelines for additional information. Failure to follow these rules can result in refusal to approve the voucher or expense.

DESCRIPTION OF CLAIM: (see attached itemization) ☐

HOURS AMOUNT

TOTAL COMPENSATION & EXPENSES CLAIMED: \$ _____

I DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS IN ALL THINGS TRUE AND CORRECT.

This _____ day of _____, 20____.

COURT APPOINTED ATTORNEY

It is hereby ordered that the above claim is approved in the amount of \$ _____, and the County Auditor is directed to process this voucher forthwith upon presentation of this order.

Date: _____

JUDGE