MIL COURT APPOINTED ATTORNEY VOUCHER
FOR COMPENSATION & EXPENSES IN _____ COUNTY

MENTAL ILLNESS OF _____
DOB:_____ **FILE #:** _____

TYPE OF ACTION:		**STATUS OF CASE:**	
MIL	☐	DISMISSED	☐
ECT	☐	PENDING	☐
FORCED MED	☐	CONCLUDED	☐
WRIT	☐		
IVCs	☐		

CHARGES: _____
LAST 4 DIGITS OF SS#: _____
County of Residence: _____
Address: _____
_____
Parent or Guardian: _____

CLAIM OF: _____ **ADDRESS:** _____

INSTRUCTIONS: Insert dates of services and time spent in hours and fractional hours into the sections below **and/or** attach a detailed itemization. Enough detail must be provided to ensure that the Judge can make a determination as to the reasonableness of the fees requested. If an itemization is attached you will only need to complete the **TOTAL COMPENSATION & EXPENSES CLAIMED** section on this voucher before signing. Enter total amount in Order section as well. Vouchers must be submitted to the judge via Odyssey File and Serve on the date of completion of the case, but in no event later than 30 days after the case is completed. A voucher must be completed for each individual case and filed with the Clerk of Court's office after the Judge has signed. The Clerk will forward the filed voucher to the County Auditor for processing. See complete rules covering fees for Court Appointed Attorneys 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**
	_____	_____
I ***Time spent in Preparation:*** *(Interviews, research, consultation with client, etc.)*		
Detail:_____		
II ***Time spent in Court:*** Detail:_____	_____	_____
III ***Travel & Other Expenses:*** Detail:_____	_____	_____

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 _____