

**VOUCHER FOR COMPENSATION & EXPENSES
OF COURT APPOINTED ATTORNEY**

STATE OF SOUTH DAKOTA, vs _____ **DEFENDANT**

DOB: _____ SSN: _____

TYPE OF ACTION: PAYMENT STATUS:

FELONY	<input type="checkbox"/>	SENTENCED	<input type="checkbox"/>
MISDEMEANOR	<input type="checkbox"/>	DISMISSED	<input type="checkbox"/>
JUVENILE	<input type="checkbox"/>	PENDING	<input type="checkbox"/>
A & N	<input type="checkbox"/>	ACQUITTED	<input type="checkbox"/>
IVC	<input type="checkbox"/>	Last date of service: _____	

CHARGES: _____
 County of Residence: _____
 Address: _____

 Parent or Guardian: _____

CLAIM OF: _____ ADDRESS: _____

Please attach an itemized statement outlining the dates of services and time spent in hours and fractional hours. The attached must provide enough detail to ensure that the reviewing Judge can determine the reasonableness of the fees and expenses requested. In addition to the attached itemization, please insert the total amount claimed for compensation and expenses on the lines provided below. Provide this completed Voucher and attach the itemization and provide the completed Voucher to Court Administration to distribute to the assigned Judge. The Judge will then review your claim and forward an approved Voucher to the County Auditor for processing. Should the County Auditor determine that another County is responsible for payment, the Voucher may be forwarded to that County for processing. Please review the Court Appointed Attorney Guidelines on the Circuit Court website for further information. Failure to follow these rules could result in refusal to approve the Voucher.

Total Compensation claimed: \$ _____
Expenses claimed: \$ _____

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 ABILITY, KNOWLEDGE AND BELIEF, IS IN ALL THINGS TRUE AND CORRECT.

This _____ day of _____, 20____. Signed: _____

It is hereby ordered that the above claim is approved in the amount of \$ _____, and the County Treasurer is directed to pay said sum forthwith upon presentation of this order or to submit the claim to the appropriate county for payment or to return the claim to Court Administration to forward to the appropriate county.

Dated this _____ day of _____, 20____. _____

JUDGE

TO BE PAID FROM: _____ FUND WARRANT NUMBER: _____

SENT TO _____ COUNTY FOR PAYMENT

DATE FILED: _____ _____, Co Auditor by _____, Deputy
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Amount of this claim allowed: \$ _____ This _____ day of _____, 20____. Chair, Board of County Commissioners
