

WEST VIRGINIA PUBLIC DEFENDER SERVICES

Defense Counsel Voucher Instructions and Related Materials

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INTRODUCTION

The materials which follow, Instructions for Completion of Defense Counsel Vouchers, examples of completed vouchers, and form Orders, are intended to help you file claims for payment from Public Defender Service.

This material is intended to comply with statutory requirements while recognizing the realities of practice. (See W.Va. Code 29-21-1, et. seq.). A Table of Contents is provided to assist you in using these materials.

If you have a question regarding these materials, please call Public Defender Services between the hours of 8:00 a.m. and 5:00 p.m, Monday through Friday at (304) 558-3905. Fax (304) 558-1098.

**Public Defender Services
March 1996**

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HOW TO USE THE VOUCHER INSTRUCTIONS

The voucher instructions have a new appearance. The instructions have been broken down into specific numbered sections which contain vital information. Sections of the numbered voucher are copied throughout the instructions for easy reference. The information with each number will provide detailed, updated information to assist you in completing that section.

**Public Defender Services
March 1996**

ed March, 1996

PUBLIC DEFENDER SERVICES
Defense Counsel Voucher

[1] _____
Name of Appointed Attorney

t Expense Invoice Number: [2] _____

of Appointment: [3] _____ Client is: [4] Adult _____ Juvenile

t [5] _____

Type of proceeding (use letter codes). [6] _____

lony
sdeamnor
ntal Hygiene
venile Proceedings
ternity Proceedings

F. Parole/Probation Revocation
G. Mandamus/Prohibition
H. Child Abuse & Neglect
I. Habeas Corpus (Cir. Ct.)
J. Supreme Court

K. Magistrate Court Appeal
L. Termination of Parental Rights
M. Other (Specify) _____

Specific Criminal
Charge

Case #

Disp.
Date

[10]
(A) "Non-Final" Disposition (e.g.
improvement period) (specify)

[7] _____

[8] _____

[9] _____

[11]
(B) Is this a Supplemental Voucher?
Yes _____; No _____

If Yes, please reference
FIM'S# _____ Date Paid _____

Claimed \$[12] _____ Approved Fee
nse Claimed \$[13] _____ Approved Expenses
l Claimed \$[14] _____ Approved Total

.....
* PDS USE ONLY
* Actual Fee \$ _____
* Actual Expense \$ _____
* Actual Total \$ _____
.....

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

ATTORNEY'S SIGNATURE

E OF PERSON OR FIRM RECEIVING PAYMENT

TAX IDENTIFICATION NUMBER

RESS

TELEPHONE

orney's Principal Office Location (enter County) [18]

ITEMIZED STATEMENT OF LEGAL SERVICES

by [19]

Client [20]

Following services were rendered to this client in connection with the case(s) or proceeding in Item II of this voucher.

TIME CODE CLASSIFICATIONSIN-COURT

P Preliminary Hearing
A Arraignment/Plea
M Motions/Hearings
W Waiting in Court
T Trial
O Other (must specify)

OUT-OF-COURT

D Driving/Travel
C Conferences with Client/Witnesses
R Research, Preparation of Pleading
I Investigation by Counsel
N Negotiations of Pleas
O Other (must specify)

ED TIME MUST BE IN TENTHS OF AN HOUR

* IN-COURT *

* OUT-OF-COURT *

Date	Time Code	Atty Time	Time Code	Atty Time	Location of Activities Further Explanations, Notes or Comments
	[22]	[23] .	[24]	[25] .	[26]
		.		.	
		.		.	
		.		.	
		.		.	
		.		.	
		.		.	
		.		.	

of Additional Time Sheets ____

TOTAL TIME IN COURT [27]. hrs. X \$65.00 = \$[28]
 TOTAL TIME OUT OF COURT [29]. hrs. X \$45.00 = \$[30]
 TOTAL FEE CLAIM OR \$[31]
 STATUTORY COMP. LIMIT \$[32]

PDS USE ONLY

Total hours for which compensation approved: In Court ____ Out of Court ____

Total Compensation For Services \$ ____

ITEMIZED STATEMENT OF EXPENSES

Attorney [33] _____ Client [34] _____

Expenses incurred in representing this client in the case(s) or proceeding(s) listed in Item II of this voucher.

EXPENSE CODE:

- | | |
|----------------------------------|----------------------------------|
| 1. Expert Witness | 5. Miscellaneous; Office Copies/ |
| 2. Court Reporter | Postage/Telephone/Supplies |
| 3. Investigative Service | 6. Paralegal Fees |
| 4. Mileage/Parking/Meals/Lodging | 7. Other (Please Specify) _____ |

EXPENSES PREVIOUSLY SUBMITTED FOR THIS CASE AND PAID BY PDS DIRECTLY TO SERVICE PROVIDER

DATE	EXP. CODE	DIRECT EXPENSE INVOICE NUMBER	NOTES OR COMMENTS	COST
[35]	[36]	[37]	[38]	[39]

EXPENSE REIMBURSEMENT REQUESTED THIS CLAIM
(Attached itemized invoices or receipts)

DATE	EXP. CODE	NOTES OR COMMENTS	COST
[40]	[41]	[42]	[43]

TOTAL EXPENSES PAID DIRECTLY TO SERVICE PROVIDERS

\$ [44] _____

TOTAL EXPENSES CLAIMED THIS VOUCHER

\$ [45] _____

TOTAL EXPENSES FOR THIS PROCEEDING

\$ [46] _____

PDS USE ONLY

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

INSTRUCTIONS FOR COMPLETION OF A DEFENSE COUNSEL VOUCHER

The purpose of a Defense Counsel Voucher is to request payment/reimbursement for work/services provided to indigent defendants. To request payment, complete the defense counsel voucher form which follows. A Certified copy of an Order Approving Payment of Appointed Counsel Fees and Expenses must accompany every voucher. All expenses must be completely itemized and have an itemized invoice attached if applicable.

NOTE: Claims whose last date of service is more than four years prior to submission are not compensable. W.Va. Code 29-21-13a(a).

A. FIRST PAGE OF DEFENSE COUNSEL VOUCHER

From: [1] _____ Name of Appointed Attorney
Direct Expense Invoice Number: [2] _____
Date of Appointment: [3] _____ Client is: [4] ___ Adult ___ Juvenile
Client [5] _____

NUMBER 1. FROM (Name of Appointed Attorney):

List the name of the individual attorney appointed by the court to provide representation. The name listed here should correspond to the name of the individual attorney shown on the appointment order. This name should be the name of an individual attorney not a law firm.

Appointment of Law Firms

W.Va. Code 29-21-1, et. seq. contemplates the appointment of individual attorneys. If more than one attorney is appointed, each attorney should be appointed by a separate order of appointment.

If the court appoints more than one attorney to a case, and if the appointed attorneys are associated in the same firm, each attorney should still be appointed as a named individual. It is not appropriate to appoint a law firm to a case. Appointment of a law firm without the appointment of named individuals, and without the compilation of separate vouchers entitles the firm to only a single fee. (Checks may still be issued to the law firm, but individuals must be appointed.)

When several attorneys are appointed, each attorney should keep his or her own time and expenses. The voucher submitted should represent only one attorney's claim.

NUMBER 2. DIRECT EXPENSE INVOICE NUMBER:

This is a number assigned by PDS on direct expense vouchers. It applies only if a non-attorney/service provider submitted a direct expense voucher.

When a direct expense voucher is paid, a memorandum is sent to the appointed attorney with the direct expense invoice number. Please provide the direct expense invoice number in this space.

NUMBER 3. DATE OF APPOINTMENT:

Insert the date the appointed attorney was assigned to this proceeding by the court (usually the date on the order of appointment).

NUMBER 4. CLIENT IS (ADULT OR JUVENILE):

Check appropriate status which applies to the client(s) you are representing.

NUMBER 5. CLIENT:

Provide the client's full name (not initials).

One Counsel and Multiple Clients

In a case in which one attorney represents more than one client, each client is considered a separate case for fee purposes. All time and expenses should be recorded on a single voucher for each attorney.

Multiple Counsel and Multiple Clients

In proceedings in which more than one attorney represents multiple clients whose cases have been consolidated each attorney should claim his or her time and expenses as may be appropriate and submit separate vouchers. In determining the total fee which all participating attorneys are entitled to allocate, each client is considered a separate case. Thus, if three attorneys represent eight petitioners in non-capital cases whose petitions have been consolidated, the attorneys may allocate among themselves a potential maximum fee of \$3,000 per client, plus expenses ($\$3,000 \times 8 = \$24,000$). Please include an adequate explanation of what has occurred.

<u>TYPE OF PROCEEDING (use letter codes). (5)</u>	
A. Felony	H. Child Abuse & Neglect
B. Misdemeanor	I. Habeas Corpus (Cir. Ct.)
C. Mental Hygiene	J. Supreme Court
D. Juvenile Proceedings	K. Magistrate Court Appeal
E. Paternity Proceedings	L. Termination of Parental Rights
F. Parole/Probation Revocation	M. Other (Specify) _____
G. Mandamus/Prohibition	_____

NUMBER 6. TYPE OF PROCEEDING:

PDS is authorized to compensate counsel appointed to represent qualified indigent persons in the following types of proceedings:

- a. criminal charges including those based on violation of municipal ordinances which may result in incarceration;**
- b. juvenile proceedings;**
- c. proceedings to revoke parole or probation if revocation would result in incarceration;**
- d. contempts of court;**
- e. child abuse and neglect proceedings which may result in termination of parental rights;**
- f. mental hygiene commitment proceedings;**
- g. extradition proceedings;**
- h. abortion notification proceedings;**
- i. appeals from, or proceedings in aid of the foregoing eligible proceedings. (If the client was the subject of multiple criminal charges, you must determine whether those charges constitute one or more cases for fee purposes: See Number 5 above).**

Insert the appropriate letter code where indicated.

MENTAL HYGIENE

On mental hygiene proceedings, a voucher should not be submitted after an evaluation order. When the court orders a temporary observation period, the case is not completed for fee purposes unless no subsequent hearing is held to determine a final disposition of the case.

If one year passes from the date of the initial temporary order without further proceedings, the case is completed and a voucher may be submitted with an appropriate explanatory note. If, after final hearing, the court orders indeterminate commitment to a mental health facility or orders a less restrictive disposition, the case is completed and a voucher may be submitted. Subsequent proceedings constitute a separate case.

JUVENILE PROCEEDINGS

On juvenile proceedings, the specific charge must be given. Transfer to adult status constitutes a separate case. Subsequent proceedings in adult criminal court constitute a separate case.

PATERNITY PROCEEDINGS

W.Va. Code 29-21-2 has been amended so as to remove paternity defense from the list of "eligible proceedings" for which we pay. Paternity defense appointments are inappropriate on or after 10 June 1995, the effective date of the amendment (See Senate Bill 567, 1995 Regular Session). Payment for paternity cases will be made if the date of appointment is prior to 10 June 1995, regardless of when the case is completed.

CHILD ABUSE AND NEGLECT

An attorney that represents a single client or multiple clients whose claims are heard in one proceeding is entitled only to the \$3,000 statutory limit. However, the court may, for good cause shown, order payment in excess of \$3,000.

HABEAS CORPUS (Circuit Court)

On habeas corpus proceedings provide the specific underlying criminal charge.

SUPREME COURT APPEALS

On appeals to the supreme court or writs of habeas corpus, the specific underlying criminal charge must be given.

MAGISTRATE COURT APPEAL

On appeals from magistrate court to circuit court, the specific criminal charge must be given.

OTHER (Specify)

The specific criminal charge must be given when using the proceeding "other".

Example: contempt, extradition, sentence reduction, or fugitive from justice.

Abortion Notification

Appointed counsel may be compensated for representation provided in abortion notification proceedings held pursuant to W.Va. Code 16-2F-4(d). In such cases compensation is limited by statute to \$100 total compensation, even if an appeal is taken. Therefore, when making such a claim it is only necessary to document the first \$100 worth of time. On the voucher, identify the proceeding as "M", and indicate "abortion notification."

Ineligible Proceedings

Public Defender Services is not authorized to pay for the following representation:

- 1. Guardians ad litem for incapacitated adults pursuant to W.Va. Code 9-6-1, et seq;**
- 2. Guardians ad litem for incarcerated persons pursuant to Rule 17(c) of the West Virginia Rules of Court Procedure;**
- 3. Domestic violence proceedings for protective orders pursuant to W.Va. Code 48-2A-1, et seq;**
- 4. Reciprocal support proceedings pursuant to W.Va. Code 48A-5-1, et seq.**
- 5. "Interstate support" proceedings held pursuant to W.Va. Code 48A-7-1.**
- 6. Guardians or Conservators appointed pursuant to W.Va. Code Chapter 44A.**

<u>Specific Criminal Charge</u>	<u>Case #</u>	<u>Disp. Date</u>
(1) [7] _____	[8] _____	[9] _____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

NUMBER 7. SPECIFIC CRIMINAL CHARGE:

In all cases, please provide the specific criminal charge, NOT a W.Va. Code citation (both charge and cite are fine). Specify if the charge subjected the client to the risk of life imprisonment.

NUMBER 8. CASE NUMBER:

All case numbers must be the same throughout the entire defense counsel voucher, invoices, and all orders pertaining to the voucher.

NUMBER 9. DISPOSITION DATE:

Enter the date this disposition occurred, even if the disposition is considered non-final.

[10]	(A) "Non-Final" Disposition (e.g., improvement period) (specify)
[11]	(B) Is this a Supplemental Voucher?
	Yes __; No __
	If Yes, please reference
FBM'S#	Date Paid

NUMBER 10. (A) "NON-FINAL" DISPOSITION:

Specify the action ordered by the court for this proceeding, i.e. improvement period, home confinement, work release, probation, six-month interim, etc.

Defendant Unavailable for Trial

If a defendant has fled the jurisdiction, or is otherwise unavailable for trial, and there is no reason to believe the defendant will be located so that the trial will proceed, counsel may treat the case as complete and submit a voucher one year after the date of the original appointment. In these circumstances please provide a note of explanation.

Child Abuse & Neglect or Juvenile Proceedings

When an improvement period is granted prior to final hearing, or is granted as an alternative disposition after final hearing, the case is completed and a voucher may be submitted. Any subsequent proceeding (e.g., final hearing, periodic review by the court, or modification of dispositional orders) will constitute a separate case for fee purposes.

NUMBER 11. (B) IS THIS A SUPPLEMENTAL VOUCHER?

An interim voucher can be submitted six months from the date of appointment. If there has been a six-month interim voucher submitted, the second voucher submitted MUST be the final voucher (i.e., no more than two payments can be made).

To determine whether a voucher is a supplemental voucher, refer to the options listed below.

YES, if any of the following circumstances apply:
--

- a) The voucher is for work on a continuation of a previous proceeding where no disposition was made.
- b) The voucher is for fees and/or expenses erroneously omitted from a previous voucher.

NO, if any of the following circumstances apply:

- a) The voucher is the first voucher submitted.
- b) The voucher is for work resulting in a disposition such as: home confinement, work release, or placement on open docket. (See Number 10, above).
- c) The voucher is for work on a child abuse and neglect or juvenile proceeding resulting in an improvement period, temporary placement, etc.
- d) The voucher is for an appeal.
- e) The voucher is for a writ of habeas corpus.
- f) The voucher is for a new trial.
- g) The voucher is for a reinstatement of criminal charges.
- h) The voucher is for proceedings to correct or reduce a sentence, pursuant to Rule 35, Rules of Criminal Procedure.
- i) The voucher is for a retrial as a result of a hung jury or mistrial.
- j) The voucher is for a writ of mandamus or prohibition.
- k) The voucher is for a mental hygiene proceeding with the following circumstances:
 - 1. a temporary observation period was ordered and subsequent hearings are to be held to determine a final disposition of the case;
 - 2. one year has passed from the date of a temporary order without further proceedings;
 - 3. indeterminate commitment to a mental health facility or orders a less restrictive disposition has been ordered;
- l) The voucher is for enhancement of sentence. These claims should be submitted on a separate voucher with the type of proceeding clearly identified.
- m) This voucher is for a transfer to adult jurisdiction. Subsequent proceedings in circuit court constitutes a separate case.

Fee Claimed	\$(12) _____	Approved Fee	\$ _____
Expense Claimed	\$(13) _____	Approved Expenses	\$ _____
Total Claimed	\$(14) _____	Approved Total	\$ _____

NUMBER 12. FEE CLAIMED:

Enter the attorney fee amount claimed for in and out of court time. After completing the Itemized Statement of Legal Services, add the TOTAL FEE CLAIM SECTION (Number 31) as may be appropriate. Note: Cases whose last date of service is more than four years prior to submission for payment are not compensable.

For cases in which the defendant could be imprisoned for life, the fee is whatever the judge may order. Fees for all other cases are capped at \$3,000 except when the judge, for good cause shown, orders otherwise.

NUMBER 13. EXPENSE CLAIMED:

Enter the expense amount claimed for this proceeding after completing the Itemized Statement of Expenses summarized in number 45. (See page 21). Generally, PDS pays for any court approved expenses requested by the defense.

You may bill for time worked by staff paralegals as an expense. Paralegal time out of court may be billed at the hourly rate equivalent to the paralegal's regular compensation or a maximum of \$20.00 per hour. In-court time is not billable.

NUMBER 14. TOTAL CLAIMED:

Enter the total for Fee Claimed plus expense Claimed. Example:

Fee Claimed	(Number 31)
+ <u>Expense Claimed</u>	(Number 45)
= Total Claimed	

[15]	_____	_____
	Date	Attorney's Signature
[16]	_____	_____
	Name of Person or Firm Receiving Payment	Tax Identification #
[17]	_____	_____
	Address	Telephone
Attorney's Principal Office Location (enter County) [18] _____		

NUMBER 15. DATE AND ATTORNEY SIGNATURE:

The attorney appointed to the case must sign and date the voucher to signify the accuracy and completeness of the voucher, subject to penalties for false swearing.

**NUMBER 16. NAME OF PERSON OR FIRM RECEIVING PAYMENT AND
TAX IDENTIFICATION NUMBER:**

This information should reflect how you report your income to the Internal Revenue Service and correspond with the W-9 on file with the Department of Administration. This information should also match the payee and tax identification number on the order approving payment. Because 1099 statements are sent to you and the data thereon reported to the Internal Revenue Service, accuracy is crucial.

NOTE: Any inconsistencies in TIN number, payee name or address will substantially delay payment.

NUMBER 17. ADDRESS AND TELEPHONE NUMBER:

Please provide current address and telephone number of the person or firm receiving payment.

**** Any change to the name of person or firm receiving payment, tax identification number, address, or telephone number should be reported to Public Defender Services as soon as possible to prevent any delay in the processing of your vouchers.**

NUMBER 18. ATTORNEY'S PRINCIPAL OFFICE LOCATION:

Enter the county the attorney's principal office is located in.

B. ITEMIZED STATEMENT OF LEGAL SERVICES

The compensation of appointed counsel is governed by the provisions of W.Va. Code 29-3a. This section requires "detailed and accurate records of time expended and expenses incurred" and contemplates that counsel be Compensated only for time actually expended on behalf of eligible clients.

Itemized statements submitted to Public Defender Services must be based on actual, accurate records of time expended. For example: if counsel spends one hour waiting in-court during which time the docket is being set, and has been appointed to represent four clients whose cases are set at that time, counsel has expended one hour of time and should apportion that hour among the four cases as may be appropriate. Counsel may not under any circumstances spend one hour in-court and charge one hour against each of several cases, thereby seeking compensation for time not actually worked.

Attorney [19] _____ Client [20] _____

The following services were rendered to this client in connection with the case(s) or proceeding(s) listed in Item II of this voucher.

NUMBER 19. ATTORNEY:

Provide appointed counsel's name.

NOTE: Make sure the name is the same as on the front page.

NUMBER 20. CLIENT:

Provide client's full name.

Again, ensuring that the name is the same as on the front page.

TIME CODE CLASSIFICATIONS	
<u>IN-COURT</u>	<u>OUT-OF-COURT</u>
P Preliminary Hearing	D Driving/Travel
A Arraignment/Plea	C Conferences with Client/Witnesses
M Motions/Hearings	R Research, Preparation of Pleading
W Waiting in Court	I Investigation by Counsel
T Trial	N Negotiations of Pleas
O Other (must specify)	O Other (must specify)

TIME TO TIME MUST BE IN TENTHS OF AN HOUR

*** IN - COURT ***

*** OUT-OF-COURT ***

Date	Time Code	Atty Time	Time Code	Atty Time	Location of Activities Further Explanations Notes or Comments
[21]	[22]	[23]	[24]	[25]	[26]
		.		.	
		.		.	
		.		.	
		.		.	
		.		.	

NUMBER 21. DATE:

All entries must have complete dates (month/day/year).

NOTE: Cases whose last date of service is more than four years prior to submission are not compensable. W. Va. Code 29-21-13a(a).

NUMBER 22. IN-COURT TIME CODE:

All entries must have one of the following time codes:

IN-COURT TIME CODES

P PRELIMINARY HEARING
A ARRAIGNMENT/PLEA
M MOTIONS/HEARINGS
W WAITING IN-COURT
T TRIAL
O OTHER (MUST SPECIFY)

When using the Time Code "O" briefly specify its nature in space number 26, the space provided for explanations, notes, or comments.

NUMBER 23. IN-COURT ATTORNEY TIME:

W.Va. Code 29-21-13a(e) requires time claimed on vouchers to be itemized in tenths of an hour.

NUMBER 24. OUT-OF-COURT TIME CODE:

All entries must have one of the following appropriate time codes.

<p style="text-align: center;">OUT-OF-COURT TIME CODES</p> <p>D DRIVING/TRAVEL C CONFERENCES WITH CLIENT/WITNESSES R RESEARCH/PREPARATION OF PLEADINGS I INVESTIGATION BY COUNSEL N NEGOTIATIONS OF PLEAS O OTHER (MUST SPECIFY)</p>

When using the Time Code "O", briefly specify its nature in the space provided for explanations, notes, or comments.

NUMBER 25. OUT-OF-COURT ATTORNEY TIME:

W.Va. Code 29-21-13a(e) requires time claimed on vouchers to be itemized in tenths of an hour.

NUMBER 26. LOCATION OF ACTIVITIES, FURTHER EXPLANATIONS, NOTES OR COMMENTS:

Only needs to be completed when using the "O" time code.

TOTAL TIME IN COURT	[27] . hrs. X \$65.00 =	\$(28)
TOTAL TIME OUT OF COURT	[29] . hrs. X \$45.00 =	\$(30)
	TOTAL FEE CLAIM OR	\$(31)
	STATUTORY COMP. LIMIT	\$(32)

NUMBER 27. TOTAL TIME IN-COURT:

After completing all pages of the Itemized Statement of Legal Services, provide the total amount of in-court time.

NUMBER 28. TOTAL DOLLAR AMOUNT FOR IN-COURT TIME:

Total amount of in court time multiplied by \$65.00 equals total dollar amount.

NUMBER 29. TOTAL TIME OUT-OF-COURT:

After completing all pages of the Itemized Statement of Legal Services, provide the total amount of out-of-court time.

NUMBER 30. TOTAL DOLLAR AMOUNT FOR OUT-OF-COURT TIME:

Total amount of out-of-court time multiplied by \$45.00 equals total dollar amount.

NUMBER 31. TOTAL FEE CLAIM:

Add total amount of in-court time plus total amount of out-of-court time.

NUMBER 32. STATUTORY COMPENSATION LIMIT:

W.Va. Code 29-21-13a(d)(3) establishes an attorney's fee limit of \$3,000 in non-capital cases. This limit may be exceeded for good cause shown. Make sure the judge's order recites this finding. In cases in which the client is exposed to a possible life sentence, the fee is whatever the judge may approve.

Examples of the latter are as follows:

- a) First degree murder. W.Va. Code 61-2-2;
- b) Aggravated robbery. W.Va. Code 61-2-12;
- c) Some forms of kidnapping. W.Va. Code 61-2-14a;
- d) Proceedings to impose a life sentence under the terms of W.Va. Code 61-11-18 (recidivists);
- e) An appeal from a conviction which resulted in the imposition of a life sentence; and
- f) A Writ of Habeas Corpus to challenge the validity of a conviction which resulted in the imposition of a life sentence.

PLEASE DOUBLE CHECK ALL COMPUTATIONS! MAKE SURE EACH LINE ENTRY INCLUDES THE COMPLETE DATE, A TIME CODE, AND THE TIME IN TENTHS OF AN HOUR. ALL TIME CODES USING "0" MUST INCLUDE A BRIEF DESCRIPTION OF SERVICE. MOST MISTAKES ON VOUCHERS ARE RELATED TO MATH. EVEN SMALL ERRORS MAY RESULT IN THE RETURN OF A VOUCHER.

C. ITEMIZED STATEMENT OF EXPENSES

W.Va Code 29-21-13a governs the reimbursement of actual and necessary expenses incurred. Public Defender Services does not reimburse all expenses associated with court proceedings involving indigents. Some expenses are paid by PDS, some by the Court Administrator's Office, some by other state agencies, some by county commissions, and in some instances customary fees are waived because the case involves an indigent.

All mileage expenses must be fully itemized; all other expenses totaling \$10 or more must be fully itemized and/or have a completely itemized invoice. If you have questions concerning expenses call Public Defender Services at (304) 558-3905.

Attorney [33] _____ Client [34] _____

Expenses incurred in representing this client in the case(s) or proceeding(s) listed in Item II of this voucher.

NUMBER 33. ATTORNEY:

Provide appointed counsel's name.

NUMBER 34. CLIENT:

Provide Client's name.

EXPENSES PREVIOUSLY SUBMITTED FOR THIS CASE AND PAID BY PDS DIRECTLY TO SERVICE PROVIDER

DATE	EXP. CODE	DIRECT EXPENSE INVOICE NUMBER	NOTES OR COMMENTS	COST
[35]	[36]	[37]	[38]	[39]

NUMBER 35. DATE:

All entries must have complete dates (month/day/year).

NUMBER 36. EXPENSE CODE:

Use the expense code that is applicable.

EXPENSE CODE:	
1. Expert Witness	5. Miscellaneous; Office Copies/ Postage/Telephone/Supplies
2. Court Reporter	6. Paralegal Fees
3. Investigative Service	7. Other (Please Specify) _____
4. Mileage/Parking/Meals/Lodging.	_____

NUMBER 37. DIRECT EXPENSE INVOICE NUMBER:

This is a number assigned by PDS on Direct Expense Vouchers. If a direct expense voucher has been paid on this proceeding a memorandum was sent to you with a direct expense invoice number. Insert the direct expense number from the memorandum to the defense counsel voucher.

NUMBER 38. NOTES OR COMMENTS:

Provide the name of the service provider.

NUMBER 39. COST:

Provide the total dollar amount paid to service provider.

EXPENSE REIMBURSEMENT REQUESTED THIS CLAIM
(Attached itemized invoices or receipts)

DATE	EXP. CODE	NOTES OR COMMENTS	COST
[40]	[41]	[42]	[43]

TOTAL EXPENSES PAID DIRECTLY TO SERVICE PROVIDERS.

\$(44) _____

TOTAL EXPENSES CLAIMED THIS VOUCHER

\$(45) _____

TOTAL EXPENSES FOR THIS PROCEEDING

\$(46) _____

NUMBER 40. DATE:

All entries must have complete dates (month/day/year).

NUMBER 41. EXPENSE CODES:

Use the expense code that is applicable.

CODE "1": Expert Witness — A complete itemized invoice (dates of service, description of service, and hourly rate) must be attached. The rules applicable to counsel's expenses apply to expert witness' invoices. Any expense of \$10 or more must have complete itemization or an invoice attached. When a service provider testifies in the case of more than one defendant, and each defendant is represented by different counsel, counsel may apportion the cost of the expert and claim a portion on each voucher. When this is done, an appropriate explanation should be provided and references made to the other cases/vouchers claiming a portion of the expenses.

CODE "2": Court Reporters — Effective September 12, 1994, PDS stopped paying for transcripts in preliminary and magistrate court jury trials. PDS will reimburse for tapes at \$.00 per tape and for transcribing tapes at the rate allowed by Supreme Court rule. Note that this is not payment for a transcript since the tape is the record. No court reporter need be involved.

A complete itemized invoice (date of service, number of pages, rate per page) must be attached. If more than one copy of a transcript is being charged, please note on the invoice who received each copy. It is presumed that only the original is necessary unless otherwise noted; copies will not be reimbursed unless an explanation is provided. PDS pays \$2.00 a page for the original and \$.25 a page for copies (W.Va. Code 29-21-13a (e)). The Supreme Court pays for transcripts for appeals to the Court.

Appearance fees of \$25 per proceeding are allowed when no transcript is produced. Hourly charges are prohibited.

CODE "3": Investigative Services — Invoices must be attached and fully itemized on the service provider's letterhead. For each date of service list hours worked, rate per hour, mileage, and a brief description of services rendered. Any service rendered on or after July 1, 1995 will be reimbursed at \$30 per hour.

The rate per mile is in accordance with Travel Management Office regulations. (See below for mileage rates.) The rules applicable to counsel's expenses apply to investigator's invoices. Any expense of \$10 or more must have complete itemization and/or an invoice attached.

CODE "4": Mileage/Parking/Meals/Lodging — Travel is reimbursable according to the guidelines of the Travel Management Office of the Department of Administration. For travel by rented vehicle, airplane, or other means, PDS will reimburse at the least expensive rate available. PDS will pay in accordance with the foregoing guidelines for clients' travel for the purpose of aiding in preparation of the case, e.g., factual investigation or interviewing of witness.

MILEAGE: All mileage regardless of amount must be fully itemized (number of miles at rate per mile). When using personal vehicle, mileage is reimbursable at the following rates:

Dates prior to	-	August 16, 1990	\$20 per mile
August 16, 1990 to	-	June 30, 1992	\$23 per mile
July 1, 1992 to	-	December 31, 1992	\$26 per mile
January 1, 1993 to	-	June 30, 1993	\$275 per mile
July 1, 1993 to	-	December 31, 1993	\$28 per mile
January 1, 1994	-	until revised	\$285 per mile

PARKING: Parking fees, tolls, bus, or taxi fares are reimbursable by PDS. Receipt must be attached.

MEALS: Counsel's meal reimbursement is limited by the Authorized Daily Rate (ADR) of \$26.00 per day for in-state travel; out-of-state reimbursement may vary according to the State of West Virginia Travel Regulations. For more information contact PDS at (304) 558-3905.

Reimbursement is broken down into quarters as follows:

12:00 a.m. to 6:00 a.m.	25% of ADR
6:00 a.m. to 12:00 p.m.	25% of ADR
12:00 p.m. to 6:00 p.m.	25% of ADR
6:00 p.m. to 12:00 a.m.	25% of ADR

YOU MUST WORK 3 HOURS IN EACH QUARTER TO QUALIFY FOR EACH PERCENTAGE OF THE ADR. PDS DOES NOT PAY FOR TIPS AND GRATUITIES.

TO CLAIM MEAL REIMBURSEMENT YOU MUST SHOW WHEN THE ATTORNEY BEGAN AND ENDED HIS OR HER WORK DAY.

LODGING: Reimbursement is limited to an amount equal to the actual cost of lodging at the least expensive available single rate. PDS must be provided with an invoice that has the room , state tax, occupancy tax, etc. Reimbursement is not allowed for laundry, valet charges, telephone calls, or other unnecessary expense. In cases of double occupancy, reimbursements will be made on the basis of single room rates.

CODE "5": Miscellaneous office: Copies, Postage, Telephone, Supplies —

Any expense of \$10 or more must have complete itemization and/or an invoice attached.

COPIES: Effective July 1, 1995, PDS will reimburse \$.10 per page for in-house copies. Copies made out-of-house must be specified or they will be reduced to \$.10 per page. Complete itemization is needed.

POSTAGE: Complete itemization is needed.

PHONE CALLS: A single phone call or multiple calls that total \$10 or more must be accompanied by a copy of the telephone bill with charges highlighted.

SUPPLIES: PDS reimburses for trial and exhibit supplies with an itemized invoice. (Example: poster board, film, enlargements, film development, etc.) All other office supplies are considered office overhead and are not reimbursed by PDS. (Example: file folders, paper clips, pens, pencils, etc.)

CODE "6": PARALEGAL FEES — Paralegal time is billable as an expense. You may claim the paralegal's actual hourly or equivalent salaried rate per hour, up to a maximum of \$20 per hour. Only out of court time is billable. Paralegal time is only billable on the final defense counsel voucher.

CODE "7": Other (Please Specify) — Any expense not listed above will fall under this category. (Example: polygraph, Westlaw, research services, interpreters for out-of-court conferences/meetings for non-english or hearing impaired defendants or witness, etc.).

NUMBER 42. NOTE OR COMMENTS:

Add explanation or additional information as needed.

NUMBER 43. COST:

Provide the total dollar amount for each expense claimed.

NUMBER 44. TOTAL EXPENSES PREVIOUSLY PAID DIRECTLY TO SERVICE PROVIDER:

This is the sum of all costs found in 39.

NUMBER 45. TOTAL EXPENSES CLAIMED THIS VOUCHER:

This is the sum of all costs found from column 43.

NUMBER 46. TOTAL EXPENSES FOR THIS PROCEEDING:

Total amount of expenses paid directly to service providers plus total amount of expenses claimed this voucher equals total expenses for this proceeding. The \$1,500 statutory expense limit may be exceeded for good cause shown. W.Va. Code 29-21-13a(e).

II. INSTRUCTIONS FOR COMPLETION OF DIRECT EXPENSE PAYMENT

Direct Expense payments are made payable to service providers prior to the completion of a case and **MUST** be \$200 or more. Direct expense payments cannot be made after the case is completed.

To request direct expense payments, complete the Direct Expense Payment Form which follows. An Order Approving Payment of Direct Expenses and a fully itemized invoice from the service provider must be included with the direct expense voucher. If there are multiple invoices/service providers, a direct expense voucher must be submitted per invoice/service provider.

 * PDS USE ONLY *
 *
 *

11
Name of Appointed Attorney

Address: [2] _____ Telephone: _____

Direct Expense Invoice Number: [3] obtained from any previous direct expense payment)

claim relates to proceedings in the [4] Judicial Circuit in [5] County

Time of Appointment: [6] Client is: [7] Adult Juvenile

Text [8]

Type of proceeding (use letter codes). [9]

A. Felony
B. Misdemeanor
C. Mental Hygiene
D. Juvenile Proceedings
E. Paternity Proceedings
F. Parole/Probation Revocation
G. Mandamus/Prohibition
H. Child Abuse & Neglect
I. Habeas Corpus (Cir. Ct.)
J. Supreme Court
K. Magistrate Court Appeal
(specify) _____
L. Termination of Parental Rights
M. Other specify _____

<u>[0]</u> Case Style	<u>[11]</u> Case Number	<u>[12]</u> Specific Criminal Charge or Other Proceeding
--------------------------	----------------------------	---

Total of this Direct Payment: \$[13]

Prior Direct Payment: \$[14]

Total of all Direct Payment Expenses: \$[15]_____

6] _____
Date

Attorney's Signature

77 Name of Service Provider Receiving Payment Tax Identification Number

18] _____
Address (Service Provider) Telephone Number

Attorney's Principal Office Location (enter County) [19]

ITEMIZED STATEMENT OF EXPENSES

Attorney [20] _____

Client [21] _____

Following expenses were incurred in representing this client in the case(s) or proceeding(s) listed in Item II of this voucher.

EXPENSE CODE:

1. Expert Witness
2. Court Reporter
3. Investigative Service
7. Other _____

EXPENSES PREVIOUSLY SUBMITTED FOR THIS CASE AND PAID BY PDS DIRECTLY TO SERVICE PROVIDER

DATE	EXP. CODE	DIRECT EXPENSE INVOICE NUMBER	NOTES OR COMMENTS	COST
	[23]	[24]	[25]	[26]

EXPENSE REIMBURSEMENT REQUESTED THIS CLAIM
(Attached itemized invoices or receipts)

DATE	EXP. CODE	NOTES OR COMMENTS	COST
	[28]	[29]	[30]

TOTAL EXPENSES PAID DIRECTLY TO SERVICE PROVIDERS

\$ [31] _____

TOTAL EXPENSES CLAIMED THIS VOUCHER

\$ [32] _____

TOTAL EXPENSES FOR THIS PROCEEDING

\$ [33] _____

PDS USE ONLY

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

A. FIRST PAGE OF DIRECT EXPENSE VOUCHER

From: [1] _____ Name of Appointed Attorney	
Address: [2] _____	Telephone: _____
Direct Expense Invoice Number: [3] _____ (obtained from any previous direct expense payment)	
This claim relates to proceedings in the [4] _____ Judicial Circuit in [5] _____ County	
Date of Appointment: [6] _____	Client is: [7] _____ Adult _____ Juvenile
Client [8] _____	

NUMBER 1. FROM (Name of Appointed Attorney):

List the name of the individual attorney appointed by the court to provide representation. The name listed here should correspond to the name of the individual attorney shown on the appointment order. This name should be the name of an individual attorney not a law firm.

NUMBER 2. ADDRESS AND TELEPHONE NUMBER:

Please provide current address and telephone number of the appointed attorney.

NUMBER 3. DIRECT EXPENSE INVOICE NUMBER:

This is a number assigned by PDS on direct expense vouchers. It applies only if a non-attorney/service provider previously submitted a direct expense voucher.

If a previous direct expense voucher has been paid, a memorandum was sent to the appointed attorney with that direct expense invoice number. Please provide the direct expense invoice number in this space.

NUMBER 4. JUDICIAL CIRCUIT:

Please provide the Judicial Circuit number that applies to this proceeding.

NUMBER 5. COUNTY:

Please provide the name of the county in which the case is being held.

NUMBER 6. DATE OF APPOINTMENT:

Insert the date the appointed attorney was assigned to this proceeding by the court (usually the date on the order of appointment).

NUMBER 7. CLIENT IS (Adult or Juvenile):

Check appropriate status which applies to the client(s) you are representing.

NUMBER 8. CLIENT:

Provide the client's full name (not initials).

TYPE OF PROCEEDING (use letter codes). [9]		
A. Felony		H. Child Abuse & Neglect
B. Misdemeanor		I. Habeas Corpus (Cir. Ct.)
C. Mental Hygiene		J. Supreme Court
D. Juvenile Proceedings		K. Magistrate Court Appeal
E. Paternity Proceedings		L. Termination of Parental Rights
F. Parole/Probation Revocation		M. Other (Specify) _____
G. Mandamus/Prohibition		_____
[10] _____	[11] _____	[12] _____
Case Style	Case Number	Specific Criminal Charge or Other Proceeding

NUMBER 9. TYPE OF PROCEEDING:

PDS is authorized to compensate expenses in the following types of proceedings:

- a. criminal charges including those based on violation of municipal ordinances which may result in incarceration;
- b. juvenile proceedings;
- c. proceedings to revoke parole or probation if revocation would result in incarceration;
- d. contempts of court;
- e. child abuse and neglect proceedings which may result in termination of parental rights;
- f. mental hygiene commitment proceedings;
- g. extradition proceedings;
- h. abortion notification proceedings;
- i. appeals from, or proceedings ancillary to an eligible proceeding. (If the client was the subject of multiple criminal charges, you must determine whether those charges constitute one or more cases for fee purposes: See page 4).

Insert the appropriate letter code where indicated.

NUMBER 10. CASE STYLE:

Please state the case style.

Example: State v. John Doe.

NUMBER 11. CASE NUMBER:

All case numbers must be the same throughout the entire direct expense voucher, invoices, and all orders pertaining to the voucher.

NUMBER 12. SPECIFIC CRIMINAL CHARGE OR OTHER PROCEEDING:

In all cases, please provide the specific criminal charge, NOT a W.Va. Code citation (both charge and cite may be given).

Total of this Direct Payment:	\$[13] _____
Prior Direct Payment:	\$[14] _____
Total of all Direct Payment Expenses:	\$[15] _____

NUMBER 13. TOTAL OF THIS DIRECT PAYMENT:

Enter the amount of this direct expense voucher.

NUMBER 14. PRIOR DIRECT PAYMENT:

Enter the total dollar amount of all previously submitted direct expense vouchers after completing the Itemized Statement of Expenses summarized in number 31.

NUMBER 15. TOTAL OF ALL DIRECT PAYMENT EXPENSES:

Enter the total dollar amount of this direct expense payment plus all previously submitted direct expense payments.

[16]	Date	Attorney's Signature
[17]	Name of Service Provider Receiving Payment	Tax Identification #
[18]	Address (Service Provider)	Telephone Number
Attorney's Principal Office Location (enter County) [19]		

NUMBER 16. DATE AND ATTORNEY SIGNATURE:

The attorney appointed to the case must sign and date the voucher to signify the accuracy and completeness of the voucher, subject to penalties for false swearing.

NUMBER 17. NAME OF SERVICE PROVIDER RECEIVING PAYMENT AND TAX IDENTIFICATION NUMBER:

This information should reflect how you report your income to the Internal Revenue Service and correspond with the W-9 on file with the Department of Administration. This information should also match the payee and tax identification number on the Order approving payment. Because 1099 statements are sent to you and the data thereon reported to the Internal Revenue Service, accuracy is crucial.

NOTE: Any inconsistencies in TIN number, payee name or address will substantially delay payment.

NUMBER 18. ADDRESS AND TELEPHONE NUMBER:

Please provide current address and telephone number of the service provider receiving payment.

**** Any change to the name of the service provider receiving payment, tax identification number, address, or telephone number should be reported to Public Defender Services as soon as possible to prevent any delay in the processing of your vouchers.**

NUMBER 19. ATTORNEY'S PRINCIPAL OFFICE LOCATION:

Enter the county the attorney's principal office is located in.

B. SECOND PAGE OF DIRECT EXPENSE VOUCHER

Attorney [20] _____ Client [21] _____

The following expenses were incurred in representing this client in the case(s) or proceeding(s) listed in Item II of this voucher.

NUMBER 20. ATTORNEY:

Provide appointed counsel's name.

NOTE: Make sure the name is the same as on the front page.

NUMBER 21. CLIENT:

Provide client's full name.

Again, ensure that the name is the same as on the front page.

EXPENSES PREVIOUSLY SUBMITTED FOR THIS CASE AND PAID BY PDS DIRECTLY TO SERVICE PROVIDER

DATE	EXP. CODE	DIRECT EXPENSE INVOICE NUMBER	NOTES OR COMMENTS	COST
[22]	[23]	[24]	[25]	[26]

NUMBER 22. DATE:

All entries must have the date of the memorandum notifying you that the request for payment was sent to the State Auditor. (See Appendix A.) Give complete dates (month/day/year). (See number 24, infra.)

NUMBER 23. EXPENSE CODE:

Use the expense code that is applicable.

EXPENSE CODE

1. EXPERT WITNESS

2. COURT REPORTER

3. INVESTIGATIVE SERVICES

7. OTHER (PLEASE SPECIFY)

NUMBER 24. DIRECT EXPENSE INVOICE NUMBER:

This is a number assigned by PDS on Direct Expense Vouchers. If a direct expense voucher has been paid on this proceeding a memorandum was sent to you with a direct expense invoice number. Insert the direct expense number from the memorandum. (See Appendix A.)

NUMBER 25. NOTES OR COMMENTS:

Provide the name of the service provider.

NUMBER 26. COST:

Provide the total dollar amount paid to the service provider.

EXPENSE REIMBURSEMENT REQUESTED THIS CLAIM
(Attached itemized invoices or receipts)

DATE	EXP. CODE	NOTES OR COMMENTS	COST
[27]	[28]	[29]	[30]

TOTAL EXPENSES PAID DIRECTLY TO SERVICE PROVIDERS

TOTAL EXPENSES CLAIMED THIS VOUCHER

TOTAL EXPENSES FOR THIS PROCEEDING

\$(31)

\$(32)

\$(33)

NUMBER 27. DATE:

All entries must have complete dates of service (month/day/year).

NUMBER 28. EXPENSE CODES:

Use the expense code that is applicable.

EXPENSE CODE
1. EXPERT WITNESS
2. COURT REPORTER
3. INVESTIGATIVE SERVICES
7. OTHER (PLEASE SPECIFY)

CODE "1": Expert Witness — A complete itemized invoice (dates of service, description of service, and hourly rate) must be attached. The rules applicable to counsel's expenses apply to expert witness' invoices. Any expense of \$10 or more must have complete itemization or an invoice attached.

When a service provider testifies in the case of more than one defendant, and each defendant is represented by different counsel, counsel may apportion the cost of the expert and claim a portion on each voucher. When this is done, an appropriate explanation should be provided and references made to the other cases/vouchers claiming a portion of the expenses.

CODE "2": Court Reporters — Effective September 12, 1994, PDS stopped paying for transcripts in preliminary and magistrate court jury trials. PDS will reimburse for tapes at \$5.00 per tape and for transcribing tapes at the rate allowed by Supreme Court rule. Note that this is not payment for a transcript since the tape is the record. No court reporter need be involved.

A complete itemized invoice (date of service, number of pages, rate per page) must be attached. If more than one copy of a transcript is being charged, please note on the invoice who received each copy. It is presumed that only the original is necessary unless otherwise noted; copies will not be reimbursed unless an explanation is provided. PDS pays \$2.00 a page for the original and \$.25 a page for copies (W.Va. Code 29-21-13a(e)). The Supreme Court pays for transcripts on appeals to the Court.

Appearance fees of \$25 per proceeding are allowed when no transcript is produced. Hourly charges are prohibited.

CODE "3": Investigative Services — Invoices must be attached and fully itemized on the service providers letterhead. For each date of service list hours worked, rate per hour, mileage, and a brief description of services rendered. Any service rendered on or after July 1, 1995 will be reimbursed at \$30 per hour.

The rate per mile is in accordance with Travel Management Office regulations. (See below for mileage rates.) The rules applicable to counsel's expenses apply to investigator's services. Any mileage expense must be fully itemized; all other expenses totalling \$10 or more must have complete itemization and/or an invoice attached.

CODE "7": Other (Please Specify) — Any expense not listed above will fall under this category. (Example: polygraph, Westlaw, research services, etc.) Any expense of \$10 or more must have complete itemization or an invoice attached.

Mileage/Parking/Meals/Lodging — Travel is reimbursable according to the guidelines of the Travel Management Office of the Department of Administration. When traveling by rented vehicle, airplane, or other means, PDS will reimburse at the least expensive rate available.

PDS will pay in accordance with the foregoing guidelines for clients' travel for the purpose of aiding in preparation of the case, e.g., factual investigation or interviewing of witness.

MILEAGE: All mileage regardless of amount must be fully itemized (number of miles at rate per mile). When using personal vehicle, mileage is reimbursable at the following rates:

Dates prior to	-	August 16, 1990	\$.20 per mile
August 16, 1990 to	-	June 30, 1992	\$.23 per mile
July 1, 1992 to	-	December 31, 1992	\$.26 per mile
January 1, 1993 to	-	June 30, 1993	\$.275 per mile
July 1, 1993 to	-	December 31, 1993	\$.28 per mile
January 1, 1994	-	until revised	\$.285 per mile

PARKING: Parking fees, tolls, bus, or taxi fares are reimbursable by PDS. Receipt must be attached.

MEALS: Counsel's meal reimbursement is limited by the Authorized Daily Rate (ADR) of \$26.00 per day for in-state travel; out-of-state reimbursement may vary according to the State of West Virginia Travel Regulations. For more information contact PDS at (304) 558-3905.

Reimbursement is broken down into quarters as follows:

12:00 a.m. to 6:00 a.m.	25% of ADR
6:00 a.m. to 12:00 p.m.	25% of ADR
12:00 p.m. to 6:00 p.m.	25% of ADR
6:00 p.m. to 12:00 a.m.	25% of ADR

YOU MUST WORK 3 HOURS IN EACH QUARTER TO QUALIFY FOR EACH PERCENTAGE OF THE ADR. PDS DOES NOT PAY FOR TIPS AND GRATUITIES.

TO CLAIM MEAL REIMBURSEMENT YOU MUST SHOW WHEN THE ATTORNEY BEGAN AND ENDED HIS OR HER WORK DAY.

LODGING: Reimbursement is limited to an amount equal to the actual cost of lodging at the least expensive available single rate. PDS must be provided with an invoice that has the room rate, state tax, occupancy tax, etc. Reimbursement is not allowed for laundry, valet charges, telephone calls, or any other miscellaneous expense. In cases of double occupancy, reimbursements will be made on the basis of single room rate.

PHONE CALLS: A single phone call or multiple calls that total \$10 or more, must be accompanied by a copy of the telephone bill with charges highlighted.

NUMBER 29. NOTES OR COMMENTS:

Add explanation or additional information as needed.

NUMBER 30. COST:

Provide the total dollar amount to be paid to service provider.

NUMBER 31. TOTAL EXPENSES PAID DIRECTLY TO SERVICE PROVIDER:

This is the sum of all costs found in the column of number 26.

NUMBER 32. TOTAL EXPENSES CLAIMED THIS VOUCHER:

This is the sum of all costs from column 30.

NUMBER 33. TOTAL EXPENSES FOR THIS PROCEEDING:

Total amount of expenses paid directly to service providers plus total amount of expenses claimed this voucher equals total expenses for this proceeding. The \$1,500 statutory expense limit may be exceeded for good cause shown. W.Va. Code 29-21-13a(e).

TOTAL EXPENSES PAID DIRECTLY TO SERVICE PROVIDERS	\$[31]_____
TOTAL EXPENSES CLAIMED THIS VOUCHER	+ \$[32]_____
TOTAL EXPENSES FOR THIS PROCEEDING	= \$[33]_____

III. RECAPITULATION

When a proceeding is complete, as defined in these instructions, the voucher submitted should represent the entire claim. Amended claims seeking increased compensation or additional expenses should be filed only when absolutely necessary.

After the defense counsel voucher and/or direct expense claim has been processed for payment, our office will mail a notice telling you that the voucher has been submitted to the WV State Auditor's office for processing. The notice is provided as a service to enable you to match the checks you receive (mailed separately,) with the cases worked.

On direct expense payments, an additional memorandum will be sent to the appointed attorney notifying him/her that the voucher has been submitted to the WV State Auditor's office. The memorandum contains the direct expense invoice number. Please provide this number on the Defense Counsel Voucher or any other Direct Expense payment.

See Appendix A for sample completed vouchers and notices. See Appendix B for form orders. See Appendix C for check lists summarizing all instructions herein.

APPENDIX A

sample completed vouchers and notices:)

vised March, 1996

PUBLIC DEFENDER SERVICES
Direct Expense Payment

* PDS USE ONLY *
* *
* *
* *

om: John Allen
Name of Appointed Attorney

Address: 92 East Washington Avenue, Charleston, WV 25301 Telephone: (304) 345-1122

Direct Expense Invoice Number: _____ (obtained from any previous direct expense payment)

This claim relates to proceedings in the 13 Judicial Circuit in Kanawha County

Date of Appointment: 10-22-94 Client is: X Adult Juvenile

Client John Doe

Type of proceeding (use letter codes). A

- | | | |
|--------------------------|--------------------------------|-----------------------------------|
| A. Felony | F. Parole/Probation Revocation | K. Magistrate Court Appeal |
| B. Misdemeanor | G. Mandamus/Prohibition | (specify) _____ |
| C. Mental Hygiene | H. Child Abuse & Neglect | L. Termination of Parental Rights |
| D. Juvenile Proceedings | I. Habeas Corpus (Cir. Ct.) | M. Other specify _____ |
| E. Paternity Proceedings | J. Supreme Court | |

St. vs. John Doe 94-F-88
Case Style Case Number

Murder
Specific Criminal Charge or Other Proceeding

Total of this Direct Payment: \$ 456.00

Prior Direct Payment: \$ _____

Total of all Direct Payment Expenses: \$ 456.00

11-1-94
Date

John Allen
Attorney's Signature

David Stone
NAME OF SERVICE PROVIDER RECEIVING PAYMENT

55-0000000
Tax Identification Number

5 Main Road, Charleston, WV 25311
Address (Service Provider)

(304) 345-3344
Telephone Number

Attorney's Principal Office Location (enter County) Kanawha

ITEMIZED STATEMENT OF EXPENSES

Attorney John Allen

Client John Doe

The following expenses were incurred in representing this client in the case(s) or proceeding(s) listed in Item II of this voucher.

EXPENSE CODE:

1. Expert Witness
2. Court Reporter
3. Investigative Service
7. Other _____

EXPENSES PREVIOUSLY SUBMITTED FOR THIS CASE AND PAID BY PDS DIRECTLY TO SERVICE PROVIDER

DATE	EXP. CODE	DIRECT EXPENSE INVOICE NUMBER	NOTES OR COMMENTS	COST

EXPENSE REIMBURSEMENT REQUESTED THIS CLAIM (Attached itemized invoices or receipts)

DATE	EXP. CODE	NOTES OR COMMENTS	COST
10-24-94	3	David Stone, Investigator	456.00

TOTAL EXPENSES PAID DIRECTLY TO SERVICE PROVIDERS

\$ _____

TOTAL EXPENSES CLAIMED THIS VOUCHER

\$ 456.00

TOTAL EXPENSES FOR THIS PROCEEDING

\$ 456.00

PDS USE ONLY

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

INVOICE
David Stone, Investigator
5 Main Rd
Charleston, West Virginia 25311
(304) 345-3344

Date: 10-24-94
Client: John Doe, 94-F-88 Murder

10-23-94	Interview Witness	7.5 hrs.
10-24-94	Interview Witness	7.5 hrs.

Total time 15 hrs. at \$30.00	\$450.00
Photocopies 60 at \$.10 per page	6.00
Total Claimed	\$456.00

[Sample letter sent to Attorney for Direct Expense Voucher]

MEMORANDUM

TO: John Allen, Attorney
92 East Washington Avenue
Charleston, West Virginia 25301

FROM: Public Defender Services
Voucher Processing Division

DATE: November 8, 1994

RE: State vs John Doe
Invoice Number: 8649

A direct expense voucher on the above styled case has been submitted to the West Virginia State Auditor's Office requesting payment in the amount of \$456.00 to David Stone.

When submitting additional direct expense vouchers or your final attorney fee voucher on the above styled case, you must reference the invoice number 8649 in the space provided on the first page of the voucher. Failure to provide this information will delay the processing of your vouchers.

[Sample letter sent to Service Provider for Direct Expense Voucher]

David Stone, Investigator
5 Main Road
Charleston, West Virginia 25311

VENDOR ID: 98394 FIMS ID# I 1969192

ATTENTION: BOOKKEEPING DEPARTMENT

The following cases were submitted to the WV State Auditor's Office on 11-8-94 requesting a check which represents reimbursement for expenses for the listed invoices. Please allow ample time for processing.

INVOICE(S)	ATTORNEY	DEFENDANT	CASE	AMOUNT
16666	John Allen	John Doe	94-F-88	\$456.00
CHECK TOTAL				\$456.00

The above check total will be reported under the Tax Identification Number 55-000-0000.

IMPORTANT NOTICE

TO PREVENT ANY DELAY IN PROCESSING YOUR VOUCHERS, PLEASE NOTIFY OUR AGENCY WHEN YOU HAVE A NEW AND/OR ADDRESS CHANGE.

THANK YOU

ed March, 1996

PUBLIC DEFENDER SERVICES
Defense Counsel Voucher

John Allen
Name of Appointed Attorney
Expense Invoice Number: 8649
of Appointment: 10/22/94 Client is: X Adult Juvenile
at John Doe

Type of proceeding (use letter codes). A

A. Felony
B. Misdemeanor
C. Mental Hygiene
D. Juvenile Proceedings
E. Paternity Proceedings
F. Parole/Probation Revocation
G. Mandamus/Prohibition
H. Child Abuse & Neglect
I. Habeas Corpus (Cir. Ct.)
J. Supreme Court
K. Magistrate Court Appeal
L. Termination of Parental Rights
M. Other (Specify)

Specific Criminal Charge Case # Date (A) "Non-Final" Disposition (e.g. improvement period) (specify)

Murder 1st Degree 94-F-88 1/2/95

(B) Is this a Supplemental Voucher?
Yes ; No X

If Yes, please reference
FIM'S# Date Paid

Claimed \$2,785.00 Approved Fee \$

ense Claimed \$2,000.00 Approved Expenses \$

al Claimed \$4,785.00 Approved Total \$

* PDS USE ONLY *
* Actual Fee \$ *
* *
* Actual Expense \$ *
* *
* Actual Total \$ *

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

2/95

John Allen
ATTORNEY'S SIGNATURE

John Allen
NAME OF PERSON OR FIRM RECEIVING PAYMENT

123456789
TAX IDENTIFICATION NUMBER

92 East Washington Avenue, Charleston, WV 25301
ADDRESS

(304) 345-1122
TELEPHONE

Attorney's Principal Office Location (enter County) Kanawha County