PENOBSCOT NATION JUDICIAL SYSTEM

COURT APPOINTED COUNSEL VOUCHER

Name of Appointed Counsel:

Name of Firm:

Mailing Address:

Social Security No. or Federal EIN:

Docket No:

Type of Case: ☐ Child Protection ☐ Juvenile Delinquency ☐ Probate

☐ Adult Healing to Wellness Court ☐ Juvenile Healing to Wellness Court

Attorney's Role: ☐ Guardian Ad Litem ☐ Respondent Parent's Counsel ☐ Child's Attorney

☐ Public Criminal Defender ☐ Public Juvenile Defender

Total Number of Hours:

Is itemized billing statement attached: ☐ Yes ☐ No

Total Amount Billed on Previous Vouchers:

Itemized Expenses:

Mileage (not including commute to Tribal Court) ($.54 per mile):	$
Postage	$
Photocopying	$
Other (specify):	$

CERTIFICATION

I hereby certify that payment has not already been received, and that no payment or promise of payment has been requested or accepted from or on behalf of the client, except as ordered by the Court. The foregoing statement of time spent in preparation and in court and on related expenses is true and correct.

Date: Signature of Counsel:

Amount Approved: Date:

Judge's Signature: