

**MAINE JUDICIAL BRANCH**

☐ \_\_\_\_\_ v. \_\_\_\_\_  
☐ IN RE: \_\_\_\_\_

DISTRICT COURT: \_\_\_\_\_  
DOCKET NUMBER: \_\_\_\_\_  
*(only one docket number per voucher)*

**COURT-PAID ATTORNEY REFEREE VOUCHER**  
**Administrative Order, JB-23-04**

**A. ATTACHED CONTRACT.**

☐ A copy of the completed and signed Referee Contract is attached as required under JB-23-04.

**B. TOTAL HOURLY FEE: \$ \_\_\_\_\_**

Number of hours \_\_\_\_\_ x \$43.75/hour *(In 0.1 increments. You must attach itemization of time.)*

☐ **Voucher exceeds number of allowable hours.** The voucher exceeds the maximum number of hours allowed by Me. Admin. Order JB-23-04.

☐ A motion to exceed the maximum allowed hours was filed on *(mm/dd/yyyy)* \_\_\_\_\_.

☐ Attached is a copy of the court order(s) pre-approving the additional time (voucher will be denied if court order pre-approving additional time is not attached).

**C. TOTAL MILEAGE REIMBURSEMENT: \$ \_\_\_\_\_**

*(Mileage rates are \$0.56/mile after 11/01/2025 and \$0.54 before 11/01/2025.)*

**Statement of Mileage**

*(Requests for mileage reimbursement will be denied if this table is not complete. Attach additional pages if needed.)*

Date <i>(mm/dd/yyyy)</i>	Origin Address	Destination Address	Purpose of Travel	Total Miles	Applicable Rate	Trip Cost

**D. TOTAL (HOURLY FEE AND MILEAGE): \$ \_\_\_\_\_**

I, Referee *(print name)* \_\_\_\_\_, hereby certify the following:

- ☐ The attached voucher is submitted no later than 90 days after the conclusion of the court's Order Appointing Referee;
- ☐ The attached statement of time spent providing referee services is true and correct;
- ☐ I have not received payment, nor have I requested payment or promise of payment in connection with this case;
- ☐ This voucher complies with Administrative Order JB-23-04;
- ☐ I have attached to this voucher copies of all court orders pre-approving any time above the maximum hours allowed under JB-23-04; and
- ☐ If any of the boxes above are not checked, I have attached a letter providing an explanation to this voucher.

Date *(mm/dd/yyyy)*: \_\_\_\_\_



\_\_\_\_\_  
Signature of Referee

**PLEASE NOTE: Referee vouchers must include the original wet-ink signature of the Referee, and thus, may not be filed electronically.**

**FOR INTERNAL USE ONLY**

Hours	\$ _____	<b>Clerk Review and Approval:</b> Review Completed by: _____ Clerk Name <i>(print)</i> _____ Clerk Signature _____	Court Date Stamp _____
Mileage	\$ _____		
<b>TOTAL DUE</b>	\$ _____		

**AOC Approved for Payment:** \_\_\_\_\_  
Fund    Agency    Unit    Approp.    Object.    *(Date)* \_\_\_\_\_