

_____ v. _____
 IN RE: _____

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.

A. TOTAL HOURS (In 0.1 increments. Attach itemization of time): (number of hours) _____ x \$43.75 / hour = \$ _____

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).

B. TOTAL MILEAGE REIMBURSEMENT: (number of miles) _____ X \$0.46 / mile = \$ _____

Statement of Mileage				
(Requests for mileage reimbursement will be denied if this table is not complete. Attach additional pages if needed.)				
Date (mm/dd/yyyy)	Origin Address	Destination Address	Purpose of Travel	Total Miles
Total Miles				

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	\$ _____	Clerk Review and Approval:				Court Date Stamp
Mileage	\$ _____	Review Completed by: _____				
TOTAL DUE	\$ _____	Clerk Name (print) _____ (signature)				
AOC Approved for Payment:						

	Fund	Agency	Unit	Approp.	Object.	(Date)