ATTORNEY VOUCHER

☐ _____ **v.** _____ **DISTRICT COURT:** _____
☐ **IN RE:** _____ **DOCKET NUMBER:** _____
(*only one docket number per voucher)*

TYPE OF CASE (you must choose ONE):

- ☐ Title 18-C matter (e.g., guardianship of a minor or adoption)
- ☐ Title 19-A termination of parental rights case (petitioner only)
- ☐ Title 22 child protection case (minor child only)
- ☐ Civil commitment case
- ☐ Extreme risk protection order case

TOTAL HOURLY FEE: $
(*In 0.1 increments. You must attach itemization of time.*) _____ hrs at $150/hour

MILEAGE: (*Please note the mileage rates are $0.56/mile after 11/01/2025 and $0.54/mile before 11/01/2024.*

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

TOTAL MILEAGE: $_____

TOTAL EXPENSES: $_____ *(You must attach itemized receipt(s))*:

GRAND TOTAL: $_____

I certify that (1) payment has not been received, and that no payment or promise of payment has been requested or accepted by me in connection with this case, except as ordered by the court; (2) the attached statement of time spent and expenses is true and correct; (3) my billing is in accordance with the applicable Standing Order; and (4) I have included a cover letter (optional), an itemized billing statement, and any other supporting documentation required by this voucher form as one attachment hereto.

Signature of attorney: _____ **Date submitted (*mm/dd/yyyy*):** _____
Name of attorney (print): _____ **Check payable to:** _____
Telephone number: _____ **Address:** _____
Email address: _____ _____
Re-submission: ☐ Yes ☐ No **Vendor code #:** _____

For Clerk Use Only

Date Voucher Received (*mm/dd/yyyy*): _____
Date of Clerk Signature (*mm/dd/yyyy*): _____ ▶ _____
Clerk Signature

For AOC Use Only - AOC Approved for Payment

Date (*mm/dd/yyyy*): _____ ▶ _____
Finance Signature

010	40A		01	4040	
Fund	**Agency**	**Unit**	**Sub Unit**	**Object**	**Doc I.D.**