

# 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)  
☐ 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 \$0.54/mile after 11/01/2024 or \$0.50/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.