

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 \$0.56/mile after 11/01/2025 and \$0.54/mile before 11/01/2025.)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> 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.