SUPREME COURT APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR/DIST/'DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER

		5. APPEALS DKT/DEF. NUMBER	6. TRIAL COURT DKT. NUMBER
7. IN CASE/MATTER OF (Case Name)	S. PAYMENT CATEGORY ☐ Direct Appeal ☐ Other _____	9. TYPE PERSON REPRESENTED ☐ Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Other _____	10, REPRESENTATION TYPE (see Instructions)

11. OFFENSE(S) CHARGED (Cite V.I. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. ATTORNEY'S NAME (First Name, M.I. Last Name, including any suffix. AND MAILING ADDRESS

Telephone Number: _____

13. COURT ORDER
☐ 0 Appointing Counsel ☐ **C Co-Counsel**
☐ F **Subs For Federal Defender** ☐ **R. Subs For Retained Attorney**
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorneys: _____

Appointment Dates: _____

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because die interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
☐ Other (See Instructions)

_____
Signature of Presiding Judge or By Order of the Court

_____ Date of Order _____ Nuno Pro Tune Date

Repayment or Partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (*Only provide per instructions)*

CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY		
	CATEGORIES (Attach Itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Direct Appeals					
	b. Post-Convictions					
	c. Civil Proceedings					
	d. Other (Specify on additional sheets)					
	(RATE PER HOUR - $) TOTALS:					
16. Out of Court	*a.* Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
	(RATE PER HOUR - $) TOTALS:					
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
	GRAND TOTALS (CLAIMED AND ADJUSTED)					

19. CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD Of SERVICE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
FROM: _____ TO: _____	_____	

22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

Have you Previously applied to the Court for compensation and/or reimbursement for this ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO

Other than from the Court have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes. give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
29. SIGNATURE OF THE CHIEF JUSTICE (or Delegate)			*DATE*	*28. JUSTICE CODE*
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess ***of the statutory threshold amount.***			DATE	34a. JUSTICE CODE

IN COURT HOURLY-WORKSHEET

Case No. _____ Voucher No. _____

Date:	Brief Description of Service	Arraignment and/or Plea	Motion and Request	Hall Hearing	Sentence Hearing	Revocation Hearing	Appeals Court	Other
	Page Total							
	Grand Total							

page _____ *of* _____

OUT OF COURT HOURLY WORKSHEET

Case No. _____

Voucher No. _____

Date	Brief Description of Services	Interviews and Conferences	Reviewing Records	Legal Research and Brief Writing	Travel Time	Investigative and Other Work
	Page Total					
	Grand Total					

page _____ Of_____

MISCELLANEOUS EXPENSES

Cast No. _____ Voucher No. _____

Date-	Brief Description of Service	Mileage	Parking	Meals	Lodging	Copying	Postage	Toll Calls	Telegrams	Other
	Page Total									
	Grand Total									

page _____ *Of* _____