

FOR JUDICIAL USE ONLY

Reason for Appointment (Check One):

____ Conflict in Public Defender Office ____ No Public Defender Office
____ Case Overload in Public Defender Office ____ Other

PDS USE ONLY
INVOICE NUMBER

IN THE CIRCUIT COURT OF _____ COUNTY

STATE OF WEST VIRGINIA

CASE NUMBER(S) _____

VS. _____

ORDER APPROVING PAYMENT OF DIRECT EXPENSES

On a former date _____ filed in this court an affidavit reciting financial inability to employ counsel for representation in connection with certain proceedings before this Court; and the Court being of the opinion the eligibility requirements of W.Va. Code § 29-21-1, et seq, were satisfied appointed _____ a licensed Attorney at Law practicing before the Bar of this Court as counsel.

Counsel informs this Court that in order to provide adequate representation it was necessary to obtain certain services for the defense. The Court has inspected the accompanying documentation of those services and hereby approves a payment of \$ _____, which amount shall be recorded by the Circuit Clerk as part of the costs of these proceedings.

Accordingly it is **HEREBY ORDERED:**

- (1) That the Clerk forward to Public Defender Services a certified copy of this Order together with a copy of the Public Defender Services' Direct Expense form; and
- (2) That Public Defender Services issue payment in the appropriate amount, at whatever time as funds may become available, whether in the current or succeeding fiscal years and subject to statutory limits, to:

_____, whose TIN is _____
Payee

Payee Mailing Address

ENTER THIS _____, DAY OF _____, _____.
(day) (month) (year)

JUDGE

IMPORTANT NOTE: All required orders of court must be certified copies and must bear the Circuit Clerk's seal.

**PUBLIC DEFENDER SERVICES
Direct Expense Voucher**

I.
From: _____
Name of Appointed Attorney

Address: _____ **Telephone Number:** _____

This claim relates to proceedings in _____ County

Date of Appointment _____ **Client Status:** _____ **Adult** _____ **Juvenile**

Client: _____ **Client's State of Residence:** _____
(Residence MUST be completed)

II. Type of proceeding (use letter codes).

- | | | |
|--------------------------------|-----------------------------------|----------------------|
| A. Felony | H. Child Abuse & Neglect | N. Fugitive |
| B. Misdemeanor | I. Habeas Corpus (Cir. Ct.) | O. Extradition |
| C. Mental Hygiene | J. Supreme Court | P. Other _____ |
| D. Juvenile Proceedings | K. Magistrate Court Appeal | (Specify) |
| F. Parole/Probation Revocation | L. Termination of Parental Rights | Q. Municipal Charges |
| G. Mandamus Prohibition | M. Contempt | |

_____ **Case Number(s)** _____ **Specific Criminal Charge(s)**

III. Circle the appropriate expense code for this direct expense:

EXPENSE CODE:

- 1. Medical Expert Witness
- 2. Non-Medical Expert
- 3. Court Reporter
- 4. Investigative Services
- 15. Paralegal Fees
- 17. Other (specify)

Last Date of Service: _____

TOTAL OF THIS DIRECT PAYMENT \$ _____

Attorney Certification:

I affirm that I have reviewed the invoice attached to this form; that the charges and claims made on the invoice are true and correct to the best of my knowledge; and that the services for which compensation is sought were provided for the defense of the client named above.

_____ **ATTORNEY SIGNATURE** _____ **DATE**

Payee Telephone Number	Payee Fax Number
Email address: _____	