

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 an affidavit was filed in this court reciting that \_\_\_\_\_ was financially unable to employ counsel for representation in 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                       |                      |

Specific Criminal Charge	Code Citation	Case Number
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Last date of service: \_\_\_\_\_

PDS USE ONLY
Is this a Supplemental Voucher YES _____ NO _____
Date _____
WVFIMS# _____

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)

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: _____	