



INDIGENT DEFENSE PROGRAM PAYMENT VOUCHER FOR ATTORNEYS

GENERAL INFORMATION

This form is for conflict attorneys requesting payment

PROVIDER NAME AND ADDRESS	CASE AND CLIENT INFORMATION
Name: Address: Address: City/State/Zip: Phone Number: Email Address:	Client Name: Case Number: Violation Section:

Date Appointed:	By Judge:	
<input type="checkbox"/> Class 1A – \$155.00 per hour	<input type="checkbox"/> Class 1B – \$110.00 per hour	<input type="checkbox"/> Class 2 – \$100.00 per hour
<input type="checkbox"/> Class 3 – \$90.00 per hour	<input type="checkbox"/> Probate – \$90.00 per hour	<input type="checkbox"/> Class 4 – \$80.00 per hour

CIRCUMSTANCES OF APPOINTMENT

<input type="checkbox"/> Conflict	<input type="checkbox"/> Other – specify:
-----------------------------------	---

Please attach

- Detailed invoice in accordance with the guidelines on page 2 of this form.
- Written court order or other court document if applicable.

I DECLARE UNDER PENALTY OF PERJURY THE FOREGOING AND ANY ATTACHMENTS HERETO ARE AN ACCURATE STATEMENT OF SERVICES RENDERED IN THIS CASE.

Signature of Provider _____ Date _____

JUDGE APPROVAL – Blue Ink Only

Fees/Expenses authorized in the sum of \$ _____	
Signature of Judge – Blue Ink _____	Date _____

FOR COUNTY USE ONLY	
Verified by: _____	For \$: _____
Notes: _____	

INSTRUCTIONS

PLACER COUNTY INDIGENT DEFENSE PROGRAM PAYMENT VOUCHER FOR ATTORNEYS

Successful payment processing requires that the payment voucher form be complete, signed by the claimant and signed by a judge.

Case Classes Defined:

Class One A: Capital Punishment

Class One B: Non-Capital, maximum life sentence

Class Two: All crimes with punishment more than 5 years and less than life sentence

Class Three: All other felonies and juvenile delinquency allegations

Probate: Conservatorships & Guardianships

Class Four: Misdemeanor and miscellaneous civil cases

Required Documents:

1. Completed Payment Voucher Form

- A. An incomplete voucher form may be rejected.

2. Tax ID Forms:

- A. If a provider has been assigned a county supplier number (supplier number is on the County check stub), skip to item #3.
- B. If a provider needs a county supplier number assigned, complete the IRS Form W-9 (Request for Taxpayer Identification Number and Certification) and a Form 590 (Withholding Exemption Certificate).
- C. California nonresidents, corporations, limited liability companies, and partnerships that do not have a permanent place of business in California are subject to state income tax withholding (California Revenue and Taxation Code 18662). Nonresident providers are required to complete and submit a California Form 587 (Nonresident Withholding Allocation Worksheet), or Form 588 (Withholding Waiver Request). These forms are downloadable from IRS and California Franchise Tax Board websites.

3. Invoice

Invoices for services must be on provider letterhead and include the following detail:

- Name of provider, mailing address, phone # and email address
- An invoice date and unique invoice #
- Billed to Placer County
- Breakdown of time by the tenth of an hour
- Descriptions of work sufficient to substantiate billing amounts relevant to the case complexity and degree of skill and effort in handling the matter, to include:
 - o Interviews and conferences with client
 - o Witness interviews
 - o Consultation with investigators and experts
 - o Obtaining and reviewing the court record
 - o Obtaining and reviewing documents and other evidence
 - o Legal research and writing
 - o *Mileage expense per IRS rate at time of service
 - o Other work

*Attorneys may bill for mileage at the IRS rate at time of service, but cannot bill for travel time unless the court has expressly authorized it in writing.

Please mail your completed form to the Placer County Superior Court, where the judge presiding over the case will sign the voucher and forward it to the Placer County Executive Office for payment processing.

**Placer County Superior Court
Fiscal Services Division
PO Box 619072
Roseville CA 95661-9072**

If you have any questions about this form or your payment, please contact the Placer County Executive Office, Indigent Defense Program: 530-889-4030 or email: indigentdefense@placer.ca.gov

The Court and/or the County may adjust claims in accordance with the above standards.