



**B. Reverse**

**INSTRUCTIONS**

This form is to be used to recover fees and other allowable expenses incurred by court-appointed counsel, guardians *ad litem*, expert witnesses, court reporters, mediators, and others authorized by the court.

- Vendor Invoice Number** – This number, shown in red on the front of this form, will be on the check stub when payment is made.
- “Vendor Reference” field** – You may include a personal Vendor Reference of not more than 23 characters, which will be printed on the check stub. Do not use any characters other than numbers or letters.
- You will not receive a copy of this form with the check. Retain vendor copy of this LIST OF ALLOWANCES for reference.
- “Case Number” field** – Include complete twelve-character alphanumeric court case number (i.e., JA0000060100 or GT0200000100).

**COURT-APPOINTED COUNSEL**

To receive compensation for representation of an indigent person pursuant to Code § 19.2-163, a detailed accounting of the time expended for the representation must be submitted to the court within 30 days of the completion of all proceedings in that court. To comply with this requirement, please submit this form and, where appropriate, attach an Attorney Time Sheet. If co-counsel (more than one attorney) is appointed to represent a defendant at the same time in a non-capital case, then co-counsel shall share the statutory fee, supplemental statutory waiver amount, and fee for additional waiver permitted for one attorney.

**“Trial/Service Date” field** – The date the case was concluded in the court having authority to certify the account for payment.

**“In Court” and “Out of Court” time fields** – Time spent for each charge must be listed separately.

The total amount allowed for each charge is the sum of the fee amount, expenses and any waiver amount allowed. The fee amount is the total of In Court time and Out of Court time up to the statutory fee cap. Itemization must accompany all expenses claimed, and receipts are required for each expense over twenty dollars. The “Total amount claimed” for each charge is the sum of the fee amount claimed, expenses and any waiver amount requested.

**Requests For Waiver** – Any court-appointed attorney seeking a waiver of the statutory fee amount must complete an APPLICATION FOR AND APPROVAL OF WAIVER OF FEE CAP (Form DC-40(A)) for each charge and present it to the court with this form.

**“Waiver amount requested” field** – Use when a waiver of the statutory fee amount has been requested. The total waiver amount requested for the charge on the Form DC-40(A) should be listed.

**JUVENILE AND DOMESTIC RELATIONS DISTRICT COURTS: NON-CRIMINAL AND NON-DELINQUENCY CASES**

Court appointment for:	Type of Representation and Client	Type of Case	Insert in “Original Code § Charged” field	Insert in “Chart of Allowances code §” field
Juvenile	CAC-J	CHINS	§16.1-266(B)	§16.1-267
Juvenile	GAL-J	Abuse and Neglect	§16.1-266(A)	§16.1-267
Parent, Other Guardian	CAC-M, F or O	Abuse and Neglect - Civil	§16.1-266(D)	§19.2-163
Parent, Guardian, Other Adult incarcerated, mental illness or intellectual disability (DC-514 order)	GAL-M, F or O	Civil cases: Abuse and Neglect; Termination of Parental Rights; Entrustment; Relief of Custody	§16.1-266(E) depending on circumstances	§19.2-163
Juvenile	GAL-J	Entrustment; Termination of Parental rights; Relief of Custody	§16.1-266(A)	§16.1-267
Juvenile, Parent, Guardian	GAL-J, M, F or O CAC-J, M, F or O	All other cases	§16.1-266(E) or §16.1-266(F)	§16.1-267 or §19.2-163

**“Representation and client type” field** ( \_ \_ \_ \_ - \_ ) – Use when vendor is a guardian *ad litem* or court-appointed counsel in a non-criminal and non-delinquency case from juvenile court. Specify “G A L” if guardian *ad litem* or “C A C” if court-appointed counsel. Specify who was being represented: “J” (for Juvenile), “M” (for Mother), “F” (for Father) or “O” (for other Adult or Guardian) (e.g., a guardian *ad litem* appointed to represent a juvenile should specify “G A L - J”).

**ALL COURTS**

Service Provider	Insert in “Original Code § Charged” field	Insert in “Chart of Allowances code §”
Court-appointed counsel for Delinquency Case	Insert applicable charge cite(s)	§16.1-267
Court-appointed counsel for Adult Defendant	Insert applicable charge cite(s)	§19.2-163
Blood Withdrawal	Applicable criminal cite	§18.2-268.8

For those allowances not listed above, please refer to the CHART OF ALLOWANCES for the appropriate code section to insert. The CHART OF ALLOWANCES may be found online at [www.courts.state.va.us](http://www.courts.state.va.us).

**“VSB Member Number” field** – For any attorney seeking compensation as a guardian *ad litem* or as court-appointed counsel, your Virginia State Bar member number is a required field.

**TIME FOR PAYMENT** – This LIST OF ALLOWANCES should be processed within 30 days of the local court certifying the amount for payment and submitting it to the Office of the Executive Secretary of the Supreme Court of Virginia. Payment will be mailed unless the vendor has enrolled in the direct deposit service available at [http://www.doa.virginia.gov/General\\_Accounting/EDI/EDI\\_Main.cfm](http://www.doa.virginia.gov/General_Accounting/EDI/EDI_Main.cfm). The amount paid pursuant to this document will be reported to the IRS, where applicable, using the referenced vendor F.I.N. or social security number and name. A matching Form W-9 must be on file prior to payment.

II. DC-40A, APPLICATION FOR AND APPROVAL/DENIAL FOR WAIVER OF FEE CAP

A. Front

**APPLICATION FOR AND APPROVAL/DENIAL FOR WAIVER OF FEE CAP** Case No. \_\_\_\_\_  
 Commonwealth of Virginia VA. CODE § 19.2-163 Vendor Invoice No. \_\_\_\_\_  
 General District Court  Circuit Court  
 Juvenile and Domestic Relations District Court  
 CITY OR COUNTY \_\_\_\_\_  
 PRESIDING JUDGE \_\_\_\_\_  
 DEFENDANT'S NAME \_\_\_\_\_ DATE OF APPOINTMENT \_\_\_\_\_  
 CHARGE AT TIME OF APPOINTMENT (CODE SECTION) \_\_\_\_\_ DATE CASE CONCLUDED \_\_\_\_\_  
 COUNSEL'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 Please explain in detail the basis for your request for waiver of the fee cap (Attach Form DC-40, LIST OF ALLOWANCES and Attorney Time Sheet):  
 My representation of this client on this charge required a additional time and effort:  
 \_\_\_\_\_  
 My representation of this client on this charge presented novel and difficult issues:  
 \_\_\_\_\_  
 My representation of this client on this charge involve dthe following circumstances which warrant a waiver:  
 \_\_\_\_\_  
**PLEASE CHECK ALL THAT APPLY:**  
 1.  On the basis of the factors above, I request that the Court waive the otherwise applicable statutory fee cap and approve supplemental statutory waiver compensation in the amount of \$ \_\_\_\_\_ . (See instructions on reverse for supplemental statutory waiver amount which can be requested.)  
 2.  On the basis of the factors above, I request that the presiding judge and the chief judge approve an additional waiver in the amount of \$ \_\_\_\_\_ .  
 I certify that the above claim for fees is true and that no compensation for these services has previously been received  
 \_\_\_\_\_ DATE \_\_\_\_\_ COUNSEL SIGNATURE \_\_\_\_\_ VSB MEMBER NUMBER \_\_\_\_\_  
**FOR COURT USE ONLY:**  
 1.  I approve supplemental statutory waiver compensation in the amount of \$ \_\_\_\_\_ for the following reason(s):  
 \_\_\_\_\_  
 Supplemental statutory waiver request is denied.  
 JUDGE \_\_\_\_\_ DATE \_\_\_\_\_  
 2.  I find justified an a dditional waiver in the amount of \$ \_\_\_\_\_ for the following reason(s):  
 \_\_\_\_\_  
 Request for an additional waiver is not justified and is denied. Additional waiver as justified is  approved or  denied.  
 PRESIDING JUDGE \_\_\_\_\_ DATE \_\_\_\_\_ CHIEF JUDGE \_\_\_\_\_ DATE \_\_\_\_\_  
 FORMDC40(A) (MASTER, PAGE ONE OF TWO) 01.08 RETAIN IN COURT FILE

**B. Reverse**

**General Information and Instructions**

Section 19.2-163 of the Code of Virginia provides the following fees for court-appointed counsel:

Court	Charge*	Statutory Fee	Supplemental Statutory Waiver Amount	Fee by Additional Waiver
District	Misdemeanor	\$120	Up to \$120	Discretion of Court
Juvenile and Domestic Relations District	Delinquency – Equivalent to Misdemeanor or Felony, Class III to VI	\$120	Up to \$120	Discretion of Court
Juvenile and Domestic Relations District	Delinquency – Equivalent to Felony, Class II, or Probation Violation for Felony, Class II	\$120	Up to \$650	Discretion of Court
District	Felony, Class III to VI resolved in District Court	\$445	Up to \$155	Discretion of Court
District	Felony, Class II, resolved in District Court	\$1,235	Up to \$850	Discretion of Court
Circuit	Misdemeanor	\$158	Not Available	Discretion of Court
Circuit	Delinquency	\$158	Not Available	Discretion of Court
Circuit	Felony, Class III to VI	\$445	Up to \$155	Discretion of Court
Circuit	Felony, Class II	\$1,235	Up to \$850	Discretion of Court

\*Defense of an unclassified felony punishable by 20 years or less is compensated as a Felony Class III or IV felony; by more than 20 years as a Class II.

**Fee waivers may only be awarded by the court in which the case is concluded.**

The General Assembly has authorized the above schedule for compensation for court-appointed counsel in non-capital cases. If co-counsel (more than one attorney) is appointed to represent a defendant at the same time in a non-capital case, then co-counsel shall share the maximum total compensation permitted for one attorney as set forth above. Upon submission by counsel of a detailed accounting of time expended for court-appointed representation, the court in its discretion and subject to guidelines issued by the Executive Secretary of the Supreme Court of Virginia may waive the limitation of fees and authorize additional compensation up to the supplemental statutory waiver amount when the effort expended by counsel, the time reasonably necessary for the particular representation, the novelty and difficulty of the issues, or other circumstances warrant such a waiver.

Counsel may also request additional compensation exceeding these amounts by submitting a written request with a detailed accounting of the time spent and justification for the additional amount. The presiding judge shall determine, subject to guidelines issued by the Executive Secretary of the Supreme Court of Virginia, whether this request for additional compensation above the supplemental statutory waiver amount is justified, in whole or part, by considering the effort expended and time reasonably necessary for the particular representation, and, if so, shall forward the request as approved to the chief judge of the circuit court or district court for approval. Additional guidelines are posted at <http://www.courts.state.va.us/courtadmin/aoc/fiscal/home.html#coa> and [http://www.courts.state.va.us/forms/district/statutory\\_criteria\\_fee\\_cap\\_waiver\\_guidelines.pdf](http://www.courts.state.va.us/forms/district/statutory_criteria_fee_cap_waiver_guidelines.pdf).

**There is no appeal process available if an application for waiver of fee cap is denied.** Additionally, if at any time the funds appropriated to pay for waivers become insufficient, the Executive Secretary of the Supreme Court of Virginia shall so certify to the courts and no further waivers shall be approved.

If you believe that your representation of an indigent defendant warrants consideration for an additional payment, please complete the reverse side of this form and present it to the court along with your standard request for payment (Form DC-40, LIST OF ALLOWANCES) and your Attorney Time Sheet. You must complete a separate application for each charge for which you are requesting a waiver of the fee cap. This form along with the Attorney Time Sheet shall be retained in the court file.

**Additional Instructions:**

**Date of Appointment** is the original date any court assigned the representation to you.

**Date Case Concluded** is the date representation ended in the case for which you are seeking payment.

**III. DC-51, ROTATION LIST COURT APPOINTED ATTORNEY**

<b>ATTORNEY</b>	<b>DEFENDANT</b>	<b>CASE No.</b>	<b>DATE APPOINTED</b>	<b>COMMENTS</b>	<b>VOUCHER DATE</b>

IV. DC-52, PUBLIC DEFENDER TIME SHEET

<b>PUBLIC DEFENDER TIME SHEET</b> Commonwealth of Virginia				
PUBLIC DEFENDER: _____				
NAME _____				
ADDRESS _____				
ADDRESS _____				
COURT:	<input type="checkbox"/> Circuit	<input type="checkbox"/> General District	<input type="checkbox"/> Juvenile and Domestic Relations District	
	<input type="checkbox"/> Commonwealth	VS/In Re: _____		
	<input type="checkbox"/> Locality	Court Date: _____		
<input type="checkbox"/> Number of Charges and Code Sections	Case Number(s): _____			
CODE SECTIONS _____				
THIS FORM MUST BE SUBMITTED TO THE COURT AND SIGNED BY THE ATTORNEY AT THE TIME OF TRIAL.				
<b>TIME</b>	<b>HOURS</b>	<b>MINUTES</b>	<b>RATE</b>	<b>AMOUNT</b>
In Court	_____	_____	_____	_____
Out of Court (Includes research, interview, other)	_____	_____	_____	_____
<b>EXPENSES</b>				
Please itemize and attach invoices _____				
Add items on reverse side of form _____				
				<b>TOTAL:</b> _____
I certify that the above detailed time and expenses are accurate.				
DATE _____		ATTORNEY _____		
AMOUNT ALLOWED: _____				
DATE _____		JUDGE _____		
FORM DC-52 7/01				

V. DC-533, ASSESSMENT/PAYMENT ORDER

**ASSESSMENT/PAYMENT ORDER** Case No. ....  
 Commonwealth of Virginia  
 Va. Code §§ 16.1-267, 16.1-274

.....  Circuit Court  
 .....  Juvenile and Domestic Relations District Court

..... *v./In re* .....

**INVESTIGATION/MEDIATION/SUPERVISED VISITATION**

..... has provided the following services:  
 AGENCY

investigation  
 mediation  
 supervised visitation

Therefore, the court orders the assessment of the following fees pursuant to statutorily authorized guidelines, together with waiver (if any) of payment of fees as shown below:

Petitioner  
 \$ ..... assessed and  
 \$ ..... of payment of assessment is waived  
 no waiver of payment of assessment

Respondent  
 \$ ..... assessed and  
 \$ ..... of payment of assessment is waived  
 no waiver of payment of assessment

The agency named above shall determine the method and medium of payment.

**COURT-APPOINTED ATTORNEY'S FEES**

Legal counsel had been appointed to represent the juvenile in this case and the parents were informed of their liability for the attorney's fees. After an investigation, the court finds the parents able to pay the attorney's fees and ORDERS payment of such costs to this court as shown below.

\$ ..... to be paid by parent, .....  
 MOTHER  FATHER

\$ ..... to be paid by parent, .....  
 MOTHER  FATHER

**GUARDIAN AD LITEM COSTS FOR A CHILD**

A guardian *ad litem* was appointed in this case and the total amount allowed to ..... ,  
 the guardian *ad litem*, was \$ .....

The court finds that the  parent .....  parent .....  
 MOTHER  FATHER  MOTHER  FATHER

parents  ..... is/are able to pay the guardian *ad litem* costs in whole or in  
 part and ORDERS payment of such costs as shown below.

\$ ..... to be paid by parent, .....

\$ ..... to be paid by parent, .....

\$ ..... to be paid by .....

The court finds that the  parent .....  parent .....  
 MOTHER  FATHER  MOTHER  FATHER

parents  ..... is/are indigent or otherwise unable to pay.

..... DATE ..... JUDGE .....

FORM DC-533 MASTER 07/17

