

**LIST OF ALLOWANCES**

Commonwealth of Virginia

VENDOR INVOICE NO. ....

VENDOR REFERENCE.....

(MAXIMUM 23 CHARACTERS)

.....  
CITY OR COUNTY

[ ] General District Court [ ] Traffic [ ] Criminal  
[ ] Juvenile & Domestic Relations District Court [ ] Circuit Court

.....  
VENDOR F.I.N. OR SOCIAL SECURITY NUMBER

**CERTIFICATE OF ALLOWANCE FOR PAYMENT**

Having reviewed this account and determined that the form is properly completed and the account unpaid, I hereby certify this account to the Supreme Court of Virginia for payment.

..... / .....

CLERK/DEPUTY CLERK DATE

.....  
PAY TO THE ORDER OF: FIRM, CO., INDIVIDUAL

.....  
ADDRESS

.....  
CITY, STATE, ZIP

Defendant's Name	Case Number	Original Code § Charged	Chart of Allowances Code §
Trial/Service Date: / /	Specify case type: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	For district court felony, was case certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For adult criminal and juvenile delinquency cases, specify offense type or equivalent: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony (Class 1) <input type="checkbox"/> Felony (Class 2) <input type="checkbox"/> Felony (Class 3-6) <input type="checkbox"/> Felony (unclass., punish. by more than 20 yrs.) <input type="checkbox"/> Felony (unclass., punish. by 20 yrs. or less)		For other juvenile ct. cases, specify type of representation and client: _____ Appeal from juvenile court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition: <input type="checkbox"/> Guilty/Delinq. <input type="checkbox"/> Not Guilty/Not Delinq. <input type="checkbox"/> Nolle Pros. <input type="checkbox"/> Defer/Dismiss <input type="checkbox"/> Dismissed <input type="checkbox"/> Other _____			
Itemize expenses (include receipt for any over \$20): _____		<b>Court Use Only – Amount Allowed:</b>	
Calculate total time spent for charge: In Court time: _____ Hrs. _____ Min. \$ _____ Out of Court time: _____ Hrs. _____ Min. \$ _____		Fee amount claimed (not to exceed cap): \$ _____ Total expenses: \$ _____ Waiver amount requested: \$ _____ <b>Total: \$ _____</b>	

Defendant's Name	Case Number	Original Code § Charged	Chart of Allowances Code §
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I certify that the above claim for fees and/or expenses is true and accurate and that no compensation for the time or services set forth has previously been received.  
 I was appointed and served as co-counsel in the above cases.

**AMOUNT CERTIFIED FOR PAYMENT \$ \_\_\_\_\_**

..... / .....

VENDOR'S SIGNATURE DATE VSB MEMBER NUMBER

I have reviewed the foregoing information and authorize the amount allowed to the vendor named above.

.....  
NAME OF JUDGE (PRINTED)

.....  
JUDGE

..... / .....

DATE

Voucher # \_\_\_\_\_  
(OES USE ONLY)

.....  
CHIEF JUDGE

..... / .....

DATE

(Chief Judge's signature required when fee for additional waiver is allowed per Form DC-40(A))