

**MAINE COMMISSION ON INDIGENT LEGAL SERVICES
ASSIGNED COUNSEL VOUCHER**

CLIENT NAME: _____ Docket Number(s): _____

UCD

Date of Assignment: _____

District Court

Judge/Justice Making Disposition: _____

Disposing Court Location

Superior Court

Date of Disposition/PC stage completion: _____

Specify Offenses Charged: _____

Specify Offenses Convicted: _____

Disposition: _____

OR, if PC case, Stage completed: _____

TYPE OF CLIENT:

Adult Defendant/Petitioner

Juvenile Defendant/Petitioner

Protective Case – Parent

CHILD PROTECTION /MENTAL HEALTH CASES/JUVENILE:

Child Protective

Mental Health

Juvenile

CRIMINAL CASES (Assumes Jury Trial, unless otherwise noted):

Lawyer of the Day

Murder

Class B or C-against property

Probation Violation

Class A

Class D or E or Habitual Offender

Post-Conviction Review

Class B or C-against person

Class D or E-without jury

TOTAL HOURS **TOTAL EXPENSES**

THIS IS THE ONLY VOUCHER I AM SUBMITTING

THIS IS THE _____VOUCHER I HAVE SUBMITTED

_____ \$ _____
(Include backup/explanation)

I certify that payment has not been received, and that no payment or promise of payment has been requested or accepted from or on behalf of the above defendant(s) except as ordered by the court and/or MCILS. The attached statement of time spent in preparation, in court, and on expenses is true and correct. I further certify that my billing is in accord with the applicable Administrative Order, and in particular that I have not billed for travel time or expenses to/from my home court(s) and that I have not double billed on my time.

Vendor Code # _____

Name (print) _____

Check Payable To _____

Signature of Counsel _____

Complete Address _____

Date submitted _____

Re-submission? Yes No

ALL INFORMATION ABOVE THIS LINE MUST BE COMPLETED OR VOUCHER WILL BE RETURNED.

Attorney Fee	\$ _____	TOTAL HOURS
Related Expenses	\$ _____	MCILS APPROVED FOR PAYMENT
TOTAL DUE	\$ _____	_____ JOHN D. PELLETIER, ESQ. EXECUTIVE DIRECTOR _____ DATE

Please remit to:

MCILS
154 SHS
Augusta ME 04333-0154

Fund	Agency	Unit	Approp.	Object
010	95F	Z112	01	4040
TRANS	AGENCY	DOCUMENT I.D #		
TYPE	CODE			
GAX				