

# LIST OF ALLOWANCES

Commonwealth of Virginia

VENDOR INVOICE NO. ....

VENDOR REFERENCE .....  
(MAXIMUM 23 CHARACTERS)

.....  
CITY OR COUNTY

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

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

.....  
ADDRESS

.....  
CITY, STATE, ZIP

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

## CERTIFICATE OF ALLOWANCE FOR PAYMENT

Said account has been duly examined by the undersigned and it appearing to be correct and unpaid, the account is hereby certified to the Supreme Court of Virginia for payment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CLERK/DEPUTY CLERK DATE

### SEE INSTRUCTIONS ON REVERSE

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	
Itemize expenses (include receipt for any over \$20): _____ Calculate total time spent for charge:     Fee amount claimed (not to exceed cap): \$ _____ In Court time: <input type="checkbox"/> Hrs. <input type="checkbox"/> Min.   \$ _____     Total expenses: \$ _____ Out of Court time: <input type="checkbox"/> Hrs. <input type="checkbox"/> Min.   \$ _____     Waiver amount requested: \$ _____ Total: \$ _____     Total amount claimed: \$ _____		<b>Court Use Only – Amount Allowed:</b> Fee amount: \$ _____ Expenses: \$ _____ Waiver amount: \$ _____ Total: \$ _____	
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	
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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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
VENDOR'S SIGNATURE DATE VSB MEMBER NUMBER

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

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
JUDGE Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CHIEF JUDGE Date

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

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

## 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.

**“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 mental retardation (See 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.