

JUDICIARY OF GUAM
REQUEST FOR PAYMENT FOR INDIGENT DEFENSE SERVICES
All Information Must be Typed

Attorney Name _____

Court: Supreme _____ Superior _____

Attorney ID Number _____

Appointing Judge _____

Case Number _____

Appointment Date _____

Client Name _____

Disposition Judge _____

Payment To Be Made To Me

Name: _____

Taxpayer ID/SSN: _____

Address: _____

Telephone No.: _____

Payment To Be Made To My Firm

Firm Name: _____

Taxpayer ID No.: _____

Address: _____

Telephone No.: _____

CHECK TYPE OF REPRESENTATION:

- | | |
|---|--|
| <input type="checkbox"/> Defendant faces life imprisonment (up to \$25,000) | <input type="checkbox"/> Habeas Corpus (up to \$3,150) |
| <input type="checkbox"/> First Degree Felony (up to \$20,000) | <input type="checkbox"/> Juvenile Delinquency (up to \$3,150) |
| <input type="checkbox"/> Second Degree Felony (up to \$10,000) | <input type="checkbox"/> Juvenile Special Proceedings /Guardian Ad Litem (up to \$7,500) |
| <input type="checkbox"/> Third Degree Felony (up to \$7,500) | <input type="checkbox"/> Appellate (up to \$10,000) |
| <input type="checkbox"/> Misdemeanor (up to \$3,500) | |

Has more than one attorney been appointed to your client in this matter? Yes No

Hours must be rounded to the nearest 1/10. Time over one hour must be specified (e.g. "9:15 – 10:30 a.m."). A Summary of in- and out-of-court times must be provided. In-court times must include type of hearing (e.g. "trial"). Attach additional form if necessary.

Compensation for time exceeding the maximums contained in Miscellaneous Rule 1.1.5 must be approved by the Administrator of the Courts.

A. Time Spent in Court (Summary Must be Attached)

Dates from _____ to _____ x \$100.00 per hour Subtotal: \$ _____

B. Time Spent in Preparation (Summary Must be Attached)

Dates from _____ to _____ x \$100.00 per hour Subtotal: \$ _____

C. Expenses (Summary Must be Attached)

Dates from _____ to _____ Subtotal: \$ _____

D. Less compensation received or claimed earlier under separate voucher: (\$ _____)

TOTAL AMOUNT REQUESTED \$ _____

CERTIFICATION: I certify that I have provided the services and incurred the costs described and that I have not, nor will I, accept any other payment for these services or expenses.

Signature of Payee

Date

FOR COURT USE

Reviewed and Verified by: _____ Initial: _____ Date: _____

Remarks: _____

Approved by: _____ Initial: _____ Date: _____