## PENOBSCOT NATION JUDICIAL SYSTEM

## COURT APPOINTED COUNSEL VOUCHER

Name of Appointed Counsel:			
Name of Firm:			
Mailing Address:			
Social Security No. o	r Federal EIN:		
Docket No:			
Type of Case:	Child Protection	Juvenile Delinquency	Probate
	Adult Healing to Wellness	Court Juver	nile Healing to Wellness Court
Attorney's Role:	Guardian Ad Litem	Respondent Parent's Counsel	Child's Attorney
	Public Criminal Defender	Public Juveni	e Defender
Total Number of Hours:			
Is itemized billing statement attached: Yes No			
Total Amount Billed	on Previous Vouchers:		
Itemized Expenses:			
Mileage (not including commute to Tribal Court) (\$.54 per mile):			\$
Postage			\$
Photocopying			\$
Other (speci	ty):	CERTIFICATION	\$
CERTIFICATION			
I hereby certify that payment has not already been received, and that no payment or promise of payment has been requested or accepted from or on behalf of the client, except as ordered by the Court. The foregoing statement of time spent in preparation and in court and on related expenses is true and correct.			
Date:	Signat	ure of Counsel:	
Amount Approved	 :	Date:	
Judge's Signature:			