Print Form

Superior Court of the District of Columbia

Legal Services
Voucher Request Form
Criminal Justice Act (CJA)

(This Form Must Be Typed/Complete All of The Below Areas/Check only one (1) Box For Type of Case Requested)

Attorney Name:

Respondent/Defendant's Name:

Charge(s):

Date of Appointment:

Docket Number:

☐ Original Attorney

☐ Replacement Counsel

Voucher Type

☐ Standard

☐ Guideline

Case Type

☐ Felony

☐ Misdemeanor

Adult Voucher Type:

Juvenile Voucher Type:

☐ Non-issuance of Automatic Voucher

☐ Witness Representation (*non grand jury*)

☐ Supplemental Claim/Voucher No.
(Must have copy of last voucher paid attached)

Post-Trial Voucher Type:

☐ Show Cause (*please indicate if case resulted from Guideline Case*)

☐ Yes ☐ No

ATTORNEY CERTIFICATION STATEMENT

I hereby certify that the information contained in this request is true and accurate to the best of my knowledge, and that I am entitled to the requested voucher based upon my current and/or past representation in this matter. I understand that submission of any false or misleading statement(s) is subject to penalties that may be imposed pursuant to statute, regulation, Court rule, Administrative Court Orders, or the attorney disciplinary process.

Signature of Attorney

Bar Number

Date Requested