

JUDICIARY OF GUAM
REQUEST FOR PAYMENT FOR INDIGENT DEFENSE SERVICES

Attorney Id Number: _____ Attorney Name: _____

Court: _____ SUPREME _____ SUPERIOR Appointing Judge: _____

Case Number(s): _____ Appointing Date: _____

Client Name: _____ Disposition Judge: _____

[] Payment To Be Made To Me

[] Payment To Be Made To My Firm

Social Security Number: _____

Tax Payer ID Number: _____

Address: _____

Name/Address: _____

Telephone No.: _____

Telephone No.: _____

CHECK TYPE OF REPRESENTATION:

- [] Supreme Court of Guam Appeal (\$90 per hour up to \$7,500)
- [] Felony (\$90 per hour up to \$7,500)
- [] Misdemeanor (\$90 per hour up to \$2,500)
- [] Juvenile - JD/JP (\$90 per hour up to \$2,500)
- [] Guardian Ad Litem (\$90 per hour up to \$2,500)
- [] Other - CV, DM, SP (\$90 per hour up to \$2,500)

HOURS MUST BE ROUNDED TO 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 TIME MUST BE PROVIDED. IN COURT MUST INCLUDE TYPE OF HEARING (E.G. TRIAL). ATTACH ADDITIONAL FORM IF NECESSARY. **ORIGINAL MUST BE ACCOMPANIED WITH FOUR (4) COPIES.**

COMPENSATION FOR TIME EXCEEDING THE ABOVE THRESHOLDS MUST BE APPROVED BY THE ADMINISTRATOR OF THE COURTS WITH THE CONCURRENCE OF THE JUSTICE OR JUDGE PRESIDING OVER THE CASE.

A. TIME SPENT IN COURT (SUMMARY MUST BE ATTACHED)

Dates from _____ to _____ x \$90.00 PER HOUR Subtotal \$ _____

B. TIME SPENT IN PREPARATION (SUMMARY MUST BE ATTACHED)

Dates from _____ to _____ x \$90.00 PER HOUR Subtotal \$ _____

C. EXPENSES (SUMMARY MUST BE ATTACHED)

Dates from _____ to _____ Subtotal \$ _____

D. Less Compensation Received or Claimed Earlier

Under Separate Voucher(s): \$ _____

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
Payments For These Services Or Expenses

Signature of Payee

BILLING MUST BE SUBMITTED ON A MONTHLY BASIS PROVIDED IT EXCEEDS \$250, UNLESS THE MATTER IS AT ITS DISPOSITION STAGE.

FOR COURT USE

Verified By: _____ Date: _____

Approved By: _____ Date: _____

Funds Certified By: _____ Date: _____