Submit this form to CriminalAttyPmt@3rdcc.org

	Bar Number:		Voucher Submission Date:		
Defendant Name:	Case Number: Not paid for the following		Original Charge: Under paid for the following		
Payment inquiry is result of:					
(Note: Payment inqu	uiries for events occu	rring prior to Octo	bber 1, 2023 will be a	utomatically rejected	L .)
☐ Plea Fee ☐ Final Conference Fee	☐ Prelim Exam Fee	☐ Additional 1/2	day(s) of Waiver Tria	l Full day(s)	of Trial
☐ Preparation ☐ Show Ups/Line Ups	☐ Jail Visits ☐ Represented		Witness Expert Wi		ness
Hearing Type(s):		Hearing Date	Hearing Date	Hearing Date	Hearing Date
Additional		Treating Date	Treating Date	Treating Date	Treating Date
information:					
		<u> </u>			
Inquiry Submiss			are of Attorney		
I Calculation of Fee:	FOR COURT USE O	NLY – DO NOT W	VRITE IN THIS ARI	EA	
☐ Capital					\$
☐ Non-Capital					\$
Sentence 5 Yr. Max (24-60 mg	os) 🔲 10 Yr. Ma	x (84-120 mos)	20 Yr. Max (1	68-240 mos)	
☐ Life	☐ Natural Li	fe			\$
Attended Prelim Exam	Plea Fee	Preparation Fee	☐ Final Conf	erence Fee	\$
☐ Additional ½ days of Waiver Trial ☐	Additional Full Day(s	s) of Jury Trial	☐ Court Adjo	ournments	\$
☐ Show Ups/Line Ups	PT/CC Hearings	Other Hearing	Types:		\$
			TOTA	L FEE	\$
Adjustment to Fee:					
☐ No Attendance at the following Hearin	gs:				(\$
<u>_</u>	Hearing Date/Type		Hearing Date/Type	Hearing Date/Type	
Payments: \$ Amount/Voucher #/Date	Amount/Voucher #/I	Date \$ Amount/Vouch	her #/Date \$Amount/V	oucher #/Date	(\$
\$Amount/Voucher #/Date	\$ Amount/Voucher #/I	Sate Amount/Vouch	\$ Amount/A	oucher #/Date	(\$
Allount Vouciel #/Date	Amount voucher π/1	Pate Amount vouch		L ADJUSTMENTS	(\$
		COURT)			\$
AMOUNT OWED TO ATTORNEY/(R	ECOUP OWED TO (Ψ