

PUBLIC DEFENDER TIME SHEET

Commonwealth of Virginia

PUBLIC DEFENDER: _____

NAME

ADDRESS

ADDRESS

COURT: Circuit General District Juvenile and Domestic Relations District

Commonwealth

VS/In Re: _____

Locality

Court Date: _____

Number of Charges and Code Sections

Case Number(s): _____

CODE SECTION (All charges must be listed)

(All Case Numbers must be listed)

THIS FORM MUST BE SUBMITTED TO THE COURT AND SIGNED BY THE ATTORNEY AT THE TIME OF TRIAL.

TIME	HOURS	MINUTES	RATE	AMOUNT
In Court	_____	_____	_____	_____
Out of Court (Includes research, interview, other)	_____	_____	_____	_____

EXPENSES

Please itemize and attach invoices _____

Add items on reverse side of form

TOTAL: _____

I certify that the above detailed time and expenses are accurate.

DATE

ATTORNEY

AMOUNT ALLOWED: _____

DATE

JUDGE