

**UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT**

COURT-ASSIGNED COUNSEL VOUCHER

Appeals Docket No.	In The Case Of (Short Caption)
Person Represented (Full Name)	Date of Assignment
Full Name of Attorney	Mailing Address, Including Firm Name
Social Security/Employer Identification No.	City, State and Zip Code
<input type="checkbox"/> Check here if payment should be made to attorney and reported under attorney's social security number	<input type="checkbox"/> Check here if payment should be made to law firm and reported under the firm's employer identification number
CLAIMED COMPENSATION	CLAIMED EXPENSES
"In-Court" _____	"Travel" _____
"Out-of-Court" _____	"Other" _____

CLAIMANT'S CERTIFICATION

For period _____ to _____

I hereby certify that the above claim is correct and that I have not claimed or received payment from any other source for the services rendered and claimed.

Signature of Attorney

Date

**APPROVED FOR PAYMENT
(To Be Completed By Court Personnel Only)**

In-Court Approved	Out-of-Court Approved	Travel Expenses Approved	Other Expenses Approved	Total Amount Approved
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Signature of Chief Judge (or designate)

Date