

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

COURT-ASSIGNED COUNSEL VOUCHER

Please complete your voucher in accordance with the Court's [Assigned Counsel Payment Memorandum](#) and file the voucher in paper form to the attention of Patty Layne, Clerk's Office, 1100 East Main Street, Suite 501, Richmond, VA 23219.

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