

JUDICIARY OF GUAM
REQUEST FOR PAYMENT FOR INDIGENT DEFENSE SERVICES
All Information Must be Typed

Attorney Name _____

Attorney ID Number _____

Case Number _____

Client Name _____

Court: Supreme _____ Superior _____

Appointing Judge _____

Appointment Date _____

Disposition Judge _____

☐ Payment To Be Made To Me

Name: _____

Taxpayer ID/SSN: _____

Address: _____

Telephone No.: _____

☐ Payment To Be Made To My Firm

Firm Name: _____

Taxpayer ID No.: _____

Address: _____

Telephone No.: _____

CHECK TYPE OF REPRESENTATION:

☐ Defendant faces life imprisonment (up to \$25,000)

☐ First Degree Felony (up to \$20,000)

☐ Second Degree Felony (up to \$10,000)

☐ Third Degree Felony (up to \$7,500)

☐ Misdemeanor (up to ~~\$2,500~~ \$3,600)

☐ Habeas Corpus (up to \$3,150)

☐ Juvenile Delinquency (up to \$3,150)

☐ Juvenile Special Proceedings / Guardian Ad Litem (up to \$7,500)

☐ Appellate (up to \$10,000)

Has more than one attorney been appointed to your client in this matter? Yes ☐ No ☐

Hours must be rounded to the 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 times must be provided. In-court times must include type of hearing (e.g. "trial"). Attach additional form if necessary.

Compensation for time exceeding the maximums contained in Miscellaneous Rule 1.1.5 must be approved by the Administrator of the Courts.

A. Time Spent in Court (Summary Must be Attached)

Dates from _____ to _____ x ^{\$150.00} ☐ per hour Subtotal: \$ _____

B. Time Spent in Preparation (Summary Must be Attached)

Dates from _____ to _____ x ^{\$150.00} ☐ per hour Subtotal: \$ _____

C. Expenses (Summary Must be Attached)

Dates from _____ to _____ Subtotal: \$ _____

D. Less compensation received or claimed earlier under separate voucher: (\$ _____)

TOTAL AMOUNT REQUESTED \$ _____

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 payment for these services or expenses.

Signature of Payee

Date

FOR COURT USE

Reviewed and Verified by: _____ Initial: _____ Date: _____

Remarks: _____

Approved by: _____ Initial: _____ Date: _____