

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 SECTIONS

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

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