

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