

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS
 Seventh Judicial District
 Misdemeanor/Care & Treatment/Indirect Contempt/Putative Parent Appointments

PAYMENT TO: Name: _____ Case No: _____
 SSN/SC#: _____ Division No: _____
 Attorney Address: _____ Defendant: _____
 City: _____ State: _____ ZIP: _____ Offense: _____
 Attorney Phone: _____
 Date Appt: _____ (mm/dd/yy) Have you previously submitted a voucher in this case? Yes No
 If so, how much have you received? _____

TIME IN COURT: (Itemize)

	Date	Item		Time
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TOTAL IN COURT HOURS:

TIME OUT OF COURT: (Itemize)

	Date	Item		Time
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TOTAL OUT OF COURT HOURS:

EXPENSES: (Itemize)

	Date	Item		Amount
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TOTAL EXPENSES:

I hereby certify the above information to be just, correct, unpaid, and due by law.

Date: _____

 Signature of Attorney

Hours in Court @ \$80/hour
 Hours out of Court @ \$80/hour
 Expenses

APPROVED: _____ TOTAL: _____

Date: _____

 Judge of the District Court