

Forms and Samples

The enclosed Expenditure Request Form is intended for your form file. When you need to request my approval on some matter, please photocopy it and fill in the pertinent information for the particular case. NOTE: Both the name and address of service providers must be included on any request for services (investigators, expert witnesses, evaluators, etc.)

The enclosed Assigned Counsel Witness form is intended for your form file. Complete one for any witness. See Primer for directions. NOTE: The courts are no longer responsible for payment of trial witnesses. Expenditure request and witness forms must be used for trial witnesses.

The Debenture Form, Juvenile Case Report Form and Adult Case Report Form are obtained from court clerks, sample copies of which are enclosed.

ASSIGNED COUNSEL EXPENDITURE REQUEST FORM

Mail to: Charles S. Martin, ACC
Martin and Associates, P.C.
P.O. Box 607
Barre, Vermont 05641
Phone: (802) 479-0568 Fax: (802) 479-5414

FROM:
NAME _____ FIRM _____
ADDRESS _____ PHONE _____
_____ DATE OF REQUEST _____
_____ COURT/DOCKET _____
CASE NAME _____ CHARGES _____

REQUEST FOR APPROVAL FOR (INCLUDE NAME AND ADDRESS OF SERVICE PROVIDER, IF APPLICABLE):

JUSTIFICATION _____

3RD PARTY EXPENSES: _____ TOTAL REQUESTED: _____ HOURLY RATE: _____

EXCESS COMPENSATION REQUESTED: AMOUNT REQUESTED: _____

ACTION OF ASSIGNED COUNSEL COORDINATOR

DATE _____

COMMENTS _____

REQUEST APPROVED _____ REQUEST DISAPPROVED _____ APPROVED AS MODIFIED _____ (6/07)

Format for Transcript Page:

- 1) 25 typed lines on standard 8 1/2 x 11 inch paper.
- 2) Ten characters to the typed inch.
- 3) Left-hand margin to be set at 1 3/4 inches.
- 4) Right-hand margin to be set at 3/8 inch.
- 5) Each question and Answer beginning on a separate line.
- 6) Each question and answer to begin at the left-hand margin with five spaces from the Q. and A. to the text.
- 7) Carry-over Q. and A. lines begin at the left-hand margin.
- 8) Colloquy material begins 15 spaces from the left-hand margin, with carry-over colloquy to the left-hand margin.
- 9) Quoted material begins 10 spaces from the left-hand margin, with carry-over lines beginning 10 spaces from the left-hand margin.
- 10) Parentheticals and exhibit markings shall begin 15 spaces from the left-hand margin with carry-over lines beginning 15 spaces from the left-hand margin.

WITNESS FORM - OFFICE OF THE DEFENDER GENERAL

This is to certify that the individual named below appeared as a deposition / court (circle one) witness and is entitled to receive the fees for attendance and travel as follows:

<u>Dates of Attendance</u>	<u>Amount @ \$30 Per Day</u>	<u>Number of Miles</u>	<u>Amount @ \$.405 Per Mile</u>	<u>TOTAL AMOUNT</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Signature of Counsel

Name of Witness: _____ Name of Case: _____
 Social Security Number: _____ Docket No: _____
 Witness' Mailing Address: _____

For direct payment to witness, please mail completed form to: Office of the Defender General, 6 Baldwin Street, Montpelier, VT 05633-3301. (Allow 30 days for payment.)

WITNESS FORM - OFFICE OF THE DEFENDER GENERAL

This is to certify that the individual named below appeared as a deposition / court (circle one) witness and is entitled to receive the fees for attendance and travel as follows:

<u>Dates of Attendance</u>	<u>Amount @ \$30 Per Day</u>	<u>Number of Miles</u>	<u>Amount @ \$.405 Per Mile</u>	<u>TOTAL AMOUNT</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Signature of Counsel

Name of Witness: _____ Name of Case: _____
 Social Security Number: _____ Docket No: _____
 Witness' Mailing Address: _____

For direct payment to witness, please mail completed form to: Office of the Defender General, 6 Baldwin Street, Montpelier, VT 05633-3301. (Allow 30 days for payment.)

ASSIGNED COUNSEL CONTRACTOR JUVENILE CASE REPORT

NAME OF JUVENILE _____ Date of Birth: _____
Sex: M/F Docket No. _____ Judge _____
Your Name _____ State's Attorney _____
Date of original Hearing _____ Date of Disposition _____
Client's Name (if not juvenile) _____
who is: ___Mother ___Father ___other _____
Petition Date: _____

JUVENILE ALLEGED TO BE:

___ Delinquent--33 V.S.A. § 5502(4) (check one)
Offense: _____ Title: _____ section: _____ Fel Misd other
Offense: _____ Title: _____ section: _____ Fel Misd other
Offense: _____ Title: _____ section: _____ Fel Misd other
Offense: _____ Title: _____ section: _____ Fel Misd other

___ Abandoned or Abused -- 33 V.S.A. § 5502(12) (A)
___ Neglected -- 33 V.S.A. § 5502(12) (B)
___ Without or Beyond Parent's Control -- 33 V.S.A. § 5502(12) (C)

POST DISPOSITION PROCEEDINGS (Date of Hearing: _____)

___ TPR
___ Permanency Plan Hearing -- 33V.S.A. § 5531
___ Modification of Orders Hearing. (NOTE: only when SRS custody is vacated
or protective supervision is vacated.)

DISPOSITION

___ Dismissed by State _____ Custody of SRS - Placement:
___ Dismissed by Court Diversion _____
___ Protective Supervision _____ Continued SRS Custody
___ Probation _____ SRS Custody Vacated
___ Community Service _____ Protective Supervision Vacated
___ Woodside Treatment Program _____ Termination of Parental Rights
___ Conflict (Please Explain): _____

___ Other(Please Explain): _____

Signature of Counsel _____ Date of Report _____
Estimated Hours: Detention _____ Merits _____ Disposition _____

APPEAL REFERRAL FORM

Trial lawyer's name: _____
Address: _____
Telephone number: _____

Client's name: _____
Address: _____
Telephone number: _____

Case caption & court: _____

Name of stenographer: _____

Conviction: _____ Sentence: _____

Date of sentence: _____

Is sentence stayed or client bailed pending appeal? _____
If not, where is client incarcerated? _____

Name of prosecutor: _____

Names of other parties, if any (e.g., juvenile proceedings)

Disposition (juvenile cases): _____

Bail information (if client is incarcerated): Please include conditions of
release imposed by trial court:

Comments regarding appeal:

PLEASE ATTACH COPY OF NOTICE OF APPEAL AND LETTER ORDERING TRANSCRIPT.
DO NOT SEND YOUR FILE OR A COPY THEREOF.