



DISTRICT COURT OF MARYLAND FOR ①

City/County

② Defendant Name Case Number
Defendant Name Case Number
Defendant Name Case Number

Type of proceeding: Criminal Initial Appearance

③ Invoice #: Use 13 digit format: ATTMODAYYYYIP

ATT Appointed Attorney (initials ATT used to begin every invoice #)
MO Month (services rendered)
DA Day of the month
YYYY Year
IP Initials of the Attorney (first name, last name)

APPOINTED ATTORNEY INVOICE

④ Invoice Date:
⑤ Attorney Name: ⑥ Telephone: Attorney/Law Firm
⑦ Law Firm (if applicable): ⑧ Fax No.: Attorney/Law Firm
⑨ Address: Street Address ⑩ E-mail: Attorney/Law Firm

City/County State Zip Code

⑪ SSN/FEIN: (Payee, address, and SSN/FEIN information must match W-9)
Required by the State Comptroller

⑫ Date of Assignment: ⑬ Actual Time: Start: End:

⑭ Commissioner: ⑮ Location:

⑯ Rate of Compensation: x 60.00 per hour = ⑰ \$ ⑱ Pro Bono

⑲ Mileage (if applicable): x 0.725 per mile = ⑳ \$

㉑ Parking (if applicable): = \$

㉒ Tolls (if applicable): = \$

㉓ Total Reimbursement: = \$

㉔ Printed Name of Attorney

㉕ Signature of Attorney

Please submit invoice to Administrative Commissioner at the address provided within 3 business days.

FOR OFFICE USE ONLY

㉖ Vendor #

Table with 4 columns: PCA, Account, Amount. Row 1: DC, 0870, Amount

APPROVED FOR PAYMENT
Print Name
Authorized Signature Date
Title

Instructions for Completing APPOINTED ATTORNEY INVOICE (Form DCA-123)

A. Printing in legible handwriting will aide in accurate and timely processing of your invoice.

1. Enter the jurisdiction where you are assigned (City/County). For jurisdictions designated for “at large” coverage, enter the corresponding location:
 - a. District 2 – Wicomico
 - b. District 3 – Cecil
 - c. District 4 – Charles
 - d. District 9/10 – Howard
 - e. District 11/12 – Washington
2. Enter the defendant’s name and case # for which you have been appointed.
3. The invoice # format must match the instructions on the form. It must be 13 digits. This invoice number will be necessary to track payment.
4. Enter the date you are completing this invoice.
5. Enter the attorney’s name. This must match the information provided on the W-9 form.
6. Enter the attorney’s telephone number.
7. Enter the law firm’s name, only if payment is going to the law firm. This must match the information provided on the W-9 form.
8. Enter the fax number we should use if we need to fax something to you.
9. Enter the address, city, state, and zip code where the check should be sent. **PLEASE NOTE: this must match the information provided on your W-9 form, which must connect to the SSN/FEIN entered in block #11.**
10. Enter the email address where we may reach you.
11. Enter the SSN or FEIN which ties to the attorney or law firm who will be paid, which must match the W-9 submitted earlier.
12. Enter the date of assignment.
13. Enter the time your appointment started and ended. (It should not be earlier than your assigned shift.) If a two hour minimum, write those words, not any start or end times.
14. Enter the commissioner’s name involved in the appointment.
15. Enter the building location of the appointment (should match the City/County in number 1).
16. Enter the number of hours for which you are entitled to be paid on this invoice.
17. Enter the dollar figure calculated by the number of hours times the hourly rate of \$60.
18. Check this box if your hours are to be logged as pro bono, and not paid.
19. Enter the number of miles for a round trip from your home to the court location.
20. Enter the dollar figure calculated by the number of miles times the per mile rate.
21. Enter the dollar amount paid to park for this assignment.
22. Enter the dollar amount for any tolls paid on your way to this assignment. **PLEASE NOTE - you must submit receipts for this amount with the invoice.**
23. Enter the dollar amount totaled by adding blanks 17, 20, 21, and 22.
24. Print your name.
25. Sign your name.
26. Enter the vendor number of the payee (if known; if not known this will be added by District Court Headquarters (DCHQ)).
27. The Administrative Commissioner or designee must print and sign their name, authorizing payment of this invoice. This authorization includes the accuracy and completeness of the invoice. Also, the information keyed into the GEARS system must match what is on the scanned invoice. In other words - if the invoice has errors on it, correct them before it is scanned, and enter the correct information into GEARS.
28. District Court Headquarters (DCHQ) will complete this box.