State of Alabama Unified Judicial System Form FCD-1 Rev. 9/08	**REFEREE EXPENSE CLAIM & WORK SHEET (CHILD SUPPORT IV-D CASES)**	

I hereby request compensation from the Alabama Administrative Office of Courts for services rendered as a Referee.

Referee's Name:_____ Referee's Pay Location #:_____

Referee's SS#: _____

Business Address: _____ County: _____

_____ _____

City State Zip Bus. Phone No.

Hourly Rate:_____ E-mail Address: _____

Date(s) of Service (In & out of court)	**No. of <u>Child Support Title IV-D Cases</u>**	**In-Court Hours**	**Out-of-Court Hours**	**Describe In Court and Out-of-Court Time**
Total				

TOTAL HOURS WORKED: _____ (in-court + out-of-court hours)

(**Please attach additional sheet(s) if necessary.)**

(PLEASE <u>RETAIN</u> FOR FUTURE AUDITS EACH DOCKET SHEET AND/OR ANY OTHER NECESSARY INFORMATION TO SUPPORT THE REFEREE SERVICES FOR WHICH PAYMENT IS CLAIMED.) *<u>Please do not send this information to the AOC unless requested</u>*.

I hereby certify this is a true and correct statement of compensation due for the period of _____ through _____, and is in accordance with applicable legal statutes.

_____ _____

Signature of Referee **Date**

_____ _____

Signature of Supervising Judge **Date**

(Continuation Sheet)

Date(s) of Service (In & Out of-Court)	No. of Child Support Title IV-D Cases	In-Court Hours	Out-of-Court Hours	Describe In Court and Out-of-Court Time
TOTAL				