

**REFEREE EXPENSE CLAIM & WORK SHEET
 (JUVENILE (NOT 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 Juvenile (Not IV-D) Cases	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 RETAIN FOR FUTURE AUDITS EACH DOCKET SHEET AND/OR ANY OTHER NECESSARY INFORMATION TO SUPPORT THE REFEREE SERVICES FOR WHICH PAYMENT IS CLAIMED.) *Please do not send this information to the AOC unless requested.*

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
 (Continuation Sheet)

 Date

