

**SENIOR JUDGE  
REQUEST FOR COMPENSATION**

Judge's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Judicial District in which services were performed: \_\_\_\_\_  
 SC \_\_\_\_ COA \_\_\_\_ District Court \_\_\_\_ Magistrate Court \_\_\_\_  
 (Please check appropriate classification and submit a separate invoice for each District.)

DATE	FULL DAY	HALF DAY	HOURS	COUNTY	TYPE OF CASE

TOTAL DAYS: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

I HEREBY CERTIFY that this request for compensation is correct and just, that the services were actually rendered, and that I have not received payment therefor.

I FURTHER HEREBY CERTIFY that there is not in my hands any matter in controversy not decided by me which has been finally submitted for my consideration and determination thirty (30) days prior to making this certification.

Judge: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
(Administrative Judge or Designee)

Date: \_\_\_\_\_

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**For Court Services Use Only:**

Pay date: _____	
Supreme Court Dollars _____	District Court Dollars _____
Court of Appeals Dollars _____	Magistrate Court Dollars _____