

Commonwealth of Kentucky
Court of Justice www.courts.ky.gov



**Retired Justice or Judge Voucher
for Services as Special Judge**

Remit To:
Supreme Court of Kentucky
700 Capitol Avenue Room 230
Frankfort, Kentucky 40601-3415

Special Justice/Judge Printed Name: _____
Court Level: _____
Mailing Address: _____

Phone No.: () _____ Social Security No.: _____

Pursuant to **KRS 21A.110** and **SCR 1.070** reimbursement is requested as follows:

1. Total **Compensation** claimed:

A. Full Day (greater than 4 hours worked)
Compensation rate of \$400 x number of full days served _____ = \$ _____

B. Half Day (4 hours or less worked)
Compensation rate of \$200 x number of half days served _____ = \$ _____

List dates of service: _____

Total Compensation Claimed: \$ _____

2. Total **Personal Expenses** claimed:

(Includes meals, travel, lodging, etc.)
Attach AOC-T Travel Voucher form and personal receipts. \$ _____

3. **Grand Total Claimed:**

\$ _____

_____, 2_____
Date

Retired Justice/Judge

APPROVED FOR PAYMENT

_____, 2_____
DATE

CHIEF JUSTICE

Note: Compensation and personal expenses will be payable through the AOC Accounting Division. There will be no tax or FICA withholding. If compensation for the calendar year meets or exceeds the IRS 1099 minimum reportable wages, the special justice/judge will receive a 1099 IRS form. The special justice/judge is responsible for updating or submitting a form W-9 request for taxpayer identification number and certification.