

COUNTY OF ALLEGHENY CONSTABLE PAYMENT FORM

I, Magisterial District Judge/Family Court Representative/PMC Representative, hereby acknowledge request for Constable service(s) in the following matter (signature) _____:

COURT NUMBER: _____

CONSTABLE ISSUED TO (print): _____

DOCKET #'s: _____

OTN #'s: _____

DEFENDANTS NAME (print): _____

SERVICE DATE: _____

ARREST DATE: _____

TIME OF SERVICE: _____

ADDRESS OF SERVICE (print): _____

		I/WE REQUEST PAYMENT IN ACCORDANCE WITH 44 PA.C.S.A. SEC. 7161 ET.SEQ FOR:	CONSTABLE #1	CONSTABLE #2
1	ATTEND ARRAIGNMENT/HEARING.....Time From: _____ To: _____	\$13.00	\$	\$
2	CONVEY DEFENDANT TO COURT	\$5.00	\$	\$
3	CONVEY DEFENDANT FROM COURT	\$5.00	\$	\$
4	CONVEY DEFENDANT TO PRISON (TRANSPORTING AN INCARCERATED PRISONER - ROUND TRIP) MAY NOT Charge These Line Item(s) in Conjunction: 1, 2, 3, 10 & 18.	\$38.00	\$	\$
5	CONVEY DEFENDANT TO PRISON (NON INCARCERATED)	\$17.00	\$	\$
6	CONVEY FOR FINGERPRINTING (Appropriate Order Required)	\$17.00	\$	\$
7	COURTROOM SECURITY/ORDERED SECURITY\$13.00 per Hour prorated to the nearest half hour (Includes Hospital) Time From: _____ To: _____		\$	\$
8	EXECUTE COMMITMENT TO JAIL (Must Obtain Body Slip)	\$5.00	\$	\$
9	EXECUTE DISCHARGE	\$5.00	\$	\$
10	EXECUTE RELEASE (From Law Enforcement to Constable) MAY NOT Charge if Constable is Charging for Executing Warrants on Defendant	\$5.00	\$	\$
11	EXECUTE WARRANT(S) # _____	\$25.00	\$	\$
12	HOLD DEFENDANT - at Magisterial District Judge's Office Time From: _____ To: _____ \$13.00 per Hour Per Defendant- Must Deduct First 1/2 Hour		\$	\$
13	MILEAGE....Total Miles: _____ at \$0. _____ per mile/plus tolls \$ _____ (Detail Each Leg of Trip on Reverse Side of This Form)		\$	\$
14	OVERSEE FINGERPRINTING.....Time From: _____ To: _____ \$13.00 per hour per defendant per hour, not to exceed \$26.00 per Constable - Must Deduct First Hour		\$	\$
15	RETURN OF WARRANT (NOT FOUND) Must Complete due diligence search form, exhibit "H", for misdemeanor and felony warrants only.	\$13.00	\$	\$
16	RETURNS TO COURT	\$2.50	\$	\$
17	SERVE SUBPOENA # _____ per separate address	\$13.00	\$	\$
	# _____ additional if at same address Mail Receipt.....# _____ (Listed each on reverse side of this form and include copy) (\$2.50 Return of service for each subpoena, Plus Mileage.)	\$5.00	\$	\$
18	TAKE CUSTODY OF DEFENDANT.....Time From: _____ To: _____	\$5.00	\$	\$

TOTAL FEES \$ \$

VERIFICATION: I verify that the facts set forth on this invoice are true and stated to the best of my knowledge, information and belief. I understand that any false statements made herein are subject to penalties of 18 Pa C.S.A., § 4904, relating to unsworn falsification to authorities.

CONSTABLE #1 (PRINT NAME): _____ CONSTABLE #2 (PRINT NAME): _____

CONSTABLE #1 VENDOR #: _____ CONSTABLE #2 VENDOR #: _____

CONSTABLE #1 SIGNATURE: _____ CONSTABLE #2 SIGNATURE: _____

COUNTY OF ALLEGHENY CONSTABLE PAYMENT FORM

MILEAGE DETAIL (Associated with Line 13)

Date of Trip	Street Address or Prominent Destination (i.e., Allegheny County Courthouse, etc.)	Miles Driven

Total Mileage

--

CERTIFIED MAIL DETAIL (Associated with Line 17)

Name Sent to	Mailing Address	Receipt Number	Date Sent	Postage & Fee

Total Fees

--