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**.....$20.00 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 #_____ 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.)	$13.00 $5.00	$ $	$ $
18	**TAKE CUSTODY OF DEFENDANT**.....**Time From: To:**	$5.00	$	$
	TOTAL FEES		$ 0.00	$ 0.00

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:** _____