

LIST OF ALLOWANCES

VENDOR INVOICE NO.20-286357.....

Commonwealth of Virginia

VENDOR REFERENCE

(MAXIMUM 23 CHARACTERS)

ROANOKE CITY CIRCUIT COURT

CITY OR COUNTY

[] General District Court [] Traffic [] Criminal

[] Juvenile & Domestic Relations District Court [X] Circuit Court

VENDOR F.I.N. OR SOCIAL SECURITY NUMBER

LAW OFFICE OF PATRICK J KENNEY PLC

PAY TO THE ORDER OF: FIRM, CO., INDIVIDUAL

P.O. BOX 599

ADDRESS

ROANOKE, VA. 24004

CITY, STATE, ZIP

CERTIFICATE OF ALLOWANCE FOR PAYMENT

Having reviewed this account and determined that the form is properly completed and the account unpaid, I hereby certify this account to the Supreme Court of Virginia for payment.

/S/ LAURIE WALLACE

08/12/2020

CLERK/DEPUTY CLERK

DATE

Defendant's Name CHURCH, TIMOTHY MWANDI	Case Number CR1800031400	Original Code § Charged 18.2-32	Chart of Allowances Code § 19.2-163
Trial/Service Date: 07/06/2020	Specify case type: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	For district court felony, was case certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For adult criminal and juvenile delinquency cases, specify offense type or equivalent: Misdemeanor <input type="checkbox"/> Felony (Class 1) <input type="checkbox"/> Felony (Class 2) <input checked="" type="checkbox"/> Felony (Class 3-6) Felony (unclass., punish. by more than 20 yrs.) <input type="checkbox"/> Felony (unclass., punish. by 20 yrs. or less) <input type="checkbox"/>		For other juvenile ct. cases, specify type of representation and client: Appeal from juvenile court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition: <input checked="" type="checkbox"/> Guilty/Delinq. <input type="checkbox"/> Not Guilty/Not Delinq. <input type="checkbox"/> Nolle Pros. <input type="checkbox"/> Defer/Dismiss <input type="checkbox"/> Dismissed <input type="checkbox"/> Other			
Itemize expenses (include receipt for any over \$20):		Court Use Only – Amount Allowed:	
Calculate total time spent for charge:		Fee amount: \$ 1,235.00	
In Court time: 1 Hrs. 30 Min. \$ 135.00	Total expenses: \$	Expenses: \$	
Out of Court time: 92 Hrs. 30 Min. \$ 8,325.00	Waiver amount requested: \$ 7,225.00	Waiver amount: \$ 7,225.00	
Total: \$ 8,460.00	Total amount claimed: \$ 8,460.00	Total: \$ 8,460.00	
Defendant's Name CHURCH, TIMOTHY MWANDI	Case Number CR1800031500	Original Code § Charged 18.2-51.2	Chart of Allowances Code § 19.2-163
Trial/Service Date: 07/06/2020	Specify case type: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	For district court felony, was case certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For adult criminal and juvenile delinquency cases, specify offense type or equivalent: Misdemeanor <input type="checkbox"/> Felony (Class 1) <input type="checkbox"/> Felony (Class 2) <input checked="" type="checkbox"/> Felony (Class 3-6) Felony (unclass., punish. by more than 20 yrs.) <input type="checkbox"/> Felony (unclass., punish. by 20 yrs. or less) <input type="checkbox"/>		For other juvenile ct. cases, specify type of representation and client: Appeal from juvenile court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition: <input checked="" type="checkbox"/> Guilty/Delinq. <input type="checkbox"/> Not Guilty/Not Delinq. <input type="checkbox"/> Nolle Pros. <input type="checkbox"/> Defer/Dismiss <input type="checkbox"/> Dismissed <input type="checkbox"/> Other			
Itemize expenses (include receipt for any over \$20):		Court Use Only – Amount Allowed:	
Calculate total time spent for charge:		Fee amount: \$ 1,235.00	
In Court time: 1 Hrs. 30 Min. \$ 135.00	Total expenses: \$	Expenses: \$	
Out of Court time: 13 Hrs. \$ 1,170.00	Waiver amount requested: \$	Waiver amount: \$	
Total: \$ 1,305.00	Total amount claimed: \$ 1,235.00	Total: \$ 1,235.00	
Defendant's Name CHURCH, TIMOTHY MWANDI	Case Number CR1800031600	Original Code § Charged 18.2-51	Chart of Allowances Code § 19.2-163
Trial/Service Date: 07/06/2020	Specify case type: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	For district court felony, was case certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For adult criminal and juvenile delinquency cases, specify offense type or equivalent: Misdemeanor <input type="checkbox"/> Felony (Class 1) <input type="checkbox"/> Felony (Class 2) <input checked="" type="checkbox"/> Felony (Class 3-6) Felony (unclass., punish. by more than 20 yrs.) <input type="checkbox"/> Felony (unclass., punish. by 20 yrs. or less) <input type="checkbox"/>		For other juvenile ct. cases, specify type of representation and client: Appeal from juvenile court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition: <input checked="" type="checkbox"/> Guilty/Delinq. <input type="checkbox"/> Not Guilty/Not Delinq. <input type="checkbox"/> Nolle Pros. <input type="checkbox"/> Defer/Dismiss <input type="checkbox"/> Dismissed <input type="checkbox"/> Other			
Itemize expenses (include receipt for any over \$20):		Court Use Only – Amount Allowed:	
Calculate total time spent for charge:		Fee amount: \$ 445.00	
In Court time: 1 Hrs. 30 Min. \$ 135.00	Total expenses: \$	Expenses: \$	
Out of Court time: 4 Hrs. \$ 360.00	Waiver amount requested: \$	Waiver amount: \$	
Total: \$ 495.00	Total amount claimed: \$ 445.00	Total: \$ 445.00	

I certify that the above claim for fees and/or expenses is true and accurate and that no compensation for the time or services set forth has previously been received.

☒ I was appointed and served as co-counsel in the above cases.

/S/ KENNEY, PATRICK JON

07/14/2020

65622

VENDOR'S SIGNATURE

DATE

VSB MEMBER NUMBER

**AMOUNT
CERTIFIED
FOR
PAYMENT \$**

I have reviewed the foregoing information and authorize the amount allowed to the vendor named above.

CLEMENS, JOHN CHRISTOPHER

NAME OF JUDGE (PRINTED)

/S/ CLEMENS, JOHN CHRISTOPHER

JUDGE

08/06/2020

DATE

Voucher #

(OES USE ONLY)

/S/ CARSON, DAVID B.

CHIEF JUDGE

08/11/2020

DATE

(Chief Judge's signature required when fee for additional waiver is allowed per Form DC-40(A))

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CERTIFICATE OF ALLOWANCE FOR PAYMENT

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/S/ LAURIE WALLACE

08/12/2020

CLERK/DEPUTY CLERK

DATE

Defendant's Name CHURCH, TIMOTHY MWANDI	Case Number CR1800031700	Original Code § Charged 18.2-58	Chart of Allowances Code § 19.2-163
Trial/Service Date: 07/06/2020	Specify case type: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	For district court felony, was case certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For adult criminal and juvenile delinquency cases, specify offense type or equivalent: Misdemeanor <input type="checkbox"/> Felony (Class 1) <input type="checkbox"/> Felony (Class 2) <input checked="" type="checkbox"/> Felony (Class 3-6) Felony (unclass., punish. by more than 20 yrs.) <input type="checkbox"/> Felony (unclass., punish. by 20 yrs. or less) <input type="checkbox"/>		For other juvenile ct. cases, specify type of representation and client: Appeal from juvenile court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition: <input checked="" type="checkbox"/> Guilty/Delinq. <input type="checkbox"/> Not Guilty/Not Delinq. <input type="checkbox"/> Nolle Pros. <input type="checkbox"/> Defer/Dismiss <input type="checkbox"/> Dismissed <input type="checkbox"/> Other			
Itemize expenses (include receipt for any over \$20): Calculate total time spent for charge: Fee amount claimed (not to exceed cap): \$ 445.00 In Court time: <u>1</u> Hrs. <u>30</u> Min. \$ 135.00 Total expenses: \$ Out of Court time: <u>4</u> Hrs. <u></u> Min. \$ 360.00 Waiver amount requested: \$ Total: \$ 495.00 Total amount claimed: \$ 445.00		Court Use Only – Amount Allowed: Fee amount: \$ 445.00 Expenses: \$ Waiver amount: \$ Total: \$ 445.00	
Defendant's Name CHURCH, TIMOTHY MWANDI	Case Number CR1800031800	Original Code § Charged 18.2-58	Chart of Allowances Code § 19.2-163
Trial/Service Date: 07/06/2020	Specify case type: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	For district court felony, was case certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For adult criminal and juvenile delinquency cases, specify offense type or equivalent: Misdemeanor <input type="checkbox"/> Felony (Class 1) <input type="checkbox"/> Felony (Class 2) <input checked="" type="checkbox"/> Felony (Class 3-6) Felony (unclass., punish. by more than 20 yrs.) <input type="checkbox"/> Felony (unclass., punish. by 20 yrs. or less) <input type="checkbox"/>		For other juvenile ct. cases, specify type of representation and client: Appeal from juvenile court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition: <input checked="" type="checkbox"/> Guilty/Delinq. <input type="checkbox"/> Not Guilty/Not Delinq. <input type="checkbox"/> Nolle Pros. <input type="checkbox"/> Defer/Dismiss <input type="checkbox"/> Dismissed <input type="checkbox"/> Other			
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Defendant's Name CHURCH, TIMOTHY MWANDI	Case Number CR1800031900	Original Code § Charged 18.2-58	Chart of Allowances Code § 19.2-163
Trial/Service Date: 07/06/2020	Specify case type: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	For district court felony, was case certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For adult criminal and juvenile delinquency cases, specify offense type or equivalent: Misdemeanor <input type="checkbox"/> Felony (Class 1) <input type="checkbox"/> Felony (Class 2) <input checked="" type="checkbox"/> Felony (Class 3-6) Felony (unclass., punish. by more than 20 yrs.) <input type="checkbox"/> Felony (unclass., punish. by 20 yrs. or less) <input type="checkbox"/>		For other juvenile ct. cases, specify type of representation and client: Appeal from juvenile court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition: <input type="checkbox"/> Guilty/Delinq. <input type="checkbox"/> Not Guilty/Not Delinq. <input type="checkbox"/> Nolle Pros. <input type="checkbox"/> Defer/Dismiss <input type="checkbox"/> Dismissed <input type="checkbox"/> Other			
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I certify that the above claim for fees and/or expenses is true and accurate and that no compensation for the time or services set forth has previously been received.

☒ I was appointed and served as co-counsel in the above cases.

/S/ KENNEY, PATRICK JON

07/14/2020

65622

VENDOR'S SIGNATURE

DATE

VSB MEMBER NUMBER

**AMOUNT
CERTIFIED
FOR**

PAYMENT \$ 11,475.00

I have reviewed the foregoing information and authorize the amount allowed to the vendor named above.

CLEMENS, JOHN CHRISTOPHER

NAME OF JUDGE (PRINTED)

/S/ CLEMENS, JOHN CHRISTOPHER

JUDGE

08/06/2020

DATE

/S/ CARSON, DAVID B.

08/11/2020

CHIEF JUDGE

DATE

(Chief Judge's signature required when fee for additional waiver is allowed per Form DC-40(A))

Voucher #

(OES USE ONLY)

Attachments

Addendum to Request for Additional Compensation
CR18-000314-00

I, Patrick J. Kenney, request additional compensation for services rendered in the cases of *Commonwealth v. Timothy Mwandu Church*. The case required additional time and effort due to the serious charges and being the third lawyer assigned to the case. My representation began after two lawyers and a bench trial. The following is an accounting of the time I spent on the case:

1. Discovery—12hrs
2. Read Bench Trial transcripts---4.0 hrs
3. Review Emmitt Pilgreen file---4.5
4. Review Dirk Padgett file---4.5
5. Client meetings/interviews— 10hrs
6. Meetings with Commonwealth's Attorney—4 hrs
7. Legal Writing---1.5 hrs
8. Conferences with client's family-4.5 hrs
9. Review Presentence Report-1 hour
10. Prep for Sentencing hearing—6 hrs
11. Sentencing hearing-1.5 hrs