



Association of Clerks of the District Courts

Cheryl Beam
Financial Court Analyst
Department of Judicial Services
Office of the Executive Secretary

Contact Information

- cbeam@vacourts.gov
- jdrteam@vacourts.gov
- 804-371-2422





Best Practice *Guardian ad Litem* Assessment

Best Practice - Guardian ad Litem Assessment

- DC-40, List of Allowance with itemized bill submitted
- DC-533, Assessment/Payment Order completed
- JCMS Assessment Order (533) field updated
- JCMS Assessment Tab
- Motion to Amend Payment Due Date

DC-40, List of Allowance

- Guardian ad Litem submits the DC-40 at the time of trial

LIST OF ALLOWANCES
Commonwealth of Virginia

VENDOR INVOICE NO. _____ VENDOR REFERENCE _____

CITY OR COUNTY _____

VENDOR FIRM OR SOCIAL SECURITY NUMBER _____

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

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.

DEFENDANT'S CASE

Defendant's Name _____ Case Number _____ Original Code of Charge (Chart of Allowance Code 1) _____

Trial Service Date: / / Specify case type: Adult Juvenile For district court felony, was case certified? Yes No

For adult criminal and juvenile delinquency cases, specify offense type or equivalent. For other juvenile at cases, specify type of OR representation and claim.

Misdemeanor Felony (Class 1) Felony (Class 2) Felony (Class 3-6) Appeal from juvenile court? Yes No

Felony (includes penalty by more than 20 yrs.) Felony (includes penalty by 20 yrs. or less) Disposition: Guilty/Not Guilty/Not Found Not Guilty/Not Found Not Guilty/Not Found Not Guilty/Not Found

Attorney expenses (include receipts for any over \$25):

Calculate total time spent for charge:	Fee amount claimed (not to exceed cap):	Fee amount:	Amount Allowed:
In Court time: hrs. Min. \$	Total expenses: \$	Expenses: \$	Expenses: \$
Out of Court time: hrs. Min. \$	Waiver amount requested: \$	Waiver amount: \$	Waiver amount: \$
Total \$	Total amount claimed: \$	Total: \$	Total: \$

DEFENDANT'S CASE

Defendant's Name _____ Case Number _____ Original Code of Charge (Chart of Allowance Code 1) _____

Trial Service Date: / / Specify case type: Adult Juvenile For district court felony, was case certified? Yes No

For adult criminal and juvenile delinquency cases, specify offense type or equivalent. For other juvenile at cases, specify type of OR representation and claim.

Misdemeanor Felony (Class 1) Felony (Class 2) Felony (Class 3-6) Appeal from juvenile court? Yes No

Felony (includes penalty by more than 20 yrs.) Felony (includes penalty by 20 yrs. or less) Disposition: Guilty/Not Guilty/Not Found Not Guilty/Not Found Not Guilty/Not Found Not Guilty/Not Found

Attorney expenses (include receipts for any over \$25):

Calculate total time spent for charge:	Fee amount claimed (not to exceed cap):	Fee amount:	Amount Allowed:
In Court time: hrs. Min. \$	Total expenses: \$	Expenses: \$	Expenses: \$
Out of Court time: hrs. Min. \$	Waiver amount requested: \$	Waiver amount: \$	Waiver amount: \$
Total \$	Total amount claimed: \$	Total: \$	Total: \$

DEFENDANT'S CASE

Defendant's Name _____ Case Number _____ Original Code of Charge (Chart of Allowance Code 1) _____

Trial Service Date: / / Specify case type: Adult Juvenile For district court felony, was case certified? Yes No

For adult criminal and juvenile delinquency cases, specify offense type or equivalent. For other juvenile at cases, specify type of OR representation and claim.

Misdemeanor Felony (Class 1) Felony (Class 2) Felony (Class 3-6) Appeal from juvenile court? Yes No

Felony (includes penalty by more than 20 yrs.) Felony (includes penalty by 20 yrs. or less) Disposition: Guilty/Not Guilty/Not Found Not Guilty/Not Found Not Guilty/Not Found Not Guilty/Not Found

Attorney expenses (include receipts for any over \$25):

Calculate total time spent for charge:	Fee amount claimed (not to exceed cap):	Fee amount:	Amount Allowed:
In Court time: hrs. Min. \$	Total expenses: \$	Expenses: \$	Expenses: \$
Out of Court time: hrs. Min. \$	Waiver amount requested: \$	Waiver amount: \$	Waiver amount: \$
Total \$	Total amount claimed: \$	Total: \$	Total: \$

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.

VENDOR'S SIGNATURE _____ DATE _____ VENDOR NUMBER _____

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

NAME OF JUDGE (PRINTED) _____ JUDGE _____

Voucher # _____ DEPT. OF THE CLERK _____ CHIEF JUDGE _____ BANK _____

(Chief Judge's signature required when fee for additional services is allowed per Form DC-40/AS)

FORM DC-40 (REVISED 1/15)



DC-533, Assessment/Payment Order

- Courtroom clerk prepares prior to court
- Judge enters the assessment order
- Petitioner and Respondent provided a copy

ASSESSMENT/PAYMENT ORDER Case No. _____
Commonwealth of Virginia Va Code §§ 16.1-207, 16.1-214

Circuit Court
 Juvenile and Domestic Relations District Court
_____,
vs.

INVESTIGATION/MEDIATION/SUPERVISED VISITATION

_____ has provided the following services:

investigation
 mediation
 supervised visitation

Therefore, the court orders the assessment of the following fees pursuant to statutorily authorized guidelines, together with waiver (if any) of payment of fees as shown below:

Petitioner
\$ _____ assessed and
 \$ _____ of payment of assessment is waived
 no waiver of payment of assessment

Respondent
\$ _____ assessed and
 \$ _____ of payment of assessment is waived
 no waiver of payment of assessment

The agency named above shall determine the method and medium of payment.

COURT-APPOINTED ATTORNEY'S FEES

Legal counsel had been appointed to represent the juvenile in this case and the parents were informed of their liability for the attorney's fees. After an investigation, the court finds the parents able to pay the attorney's fees and ORDERS payment of such costs to this court as shown below:

\$ _____ to be paid by parent, mother father
\$ _____ to be paid by parent, mother father

GUARDIAN AD LITEM COSTS FOR A CHILD

A guardian ad litem was appointed in this case and the total amount allowed to _____, the guardian ad litem, was \$ _____.

The court finds that the parent mother father parent mother father
 parents _____ is/are able to pay the guardian ad litem costs in whole or in part and ORDERS payment of such costs as shown below:

\$ _____ to be paid by parent, by _____ DATE _____
\$ _____ to be paid by parent, by _____ DATE _____
\$ _____ to be paid by _____ by _____ DATE _____

If additional time is needed to pay the amount indicated, the clerk's office should be contacted to schedule a hearing.

The court finds that the parent mother father parent mother father
 parents _____ is/are indigent or otherwise unable to pay.

DATE _____ JUDGE _____

FORM DC-533 (REVISED 10/17)

Understanding Assessment Order (533) Field

The screenshot shows the JDR Case Management System interface. The 'Assessment Order' field is highlighted with a red arrow. The field is currently empty, and a red question mark icon is visible next to it. The interface includes various tabs and sections for case information, including 'Hearing Information', 'Case Entry / Update', and 'Child Information'.

Was the DC-533 order entered?

- Yes
- or
- No

Assessment Order DC533 ?

Assessment Order DC533 ?

Y	--	YES
N	--	NO

Review - JJ04, GAL Report

- On Demand

The image displays two screenshots of the JDR Case Management System interface. The top screenshot shows the main menu with the following items: JJ01 Juvenile Name Index, JJ02 Juvenile Docket, JJ03 Juvenile Detention Report, **JJ04 Guardian Ad Litem Report** (highlighted), JJ05 Master Calendar, JJ06 Statistical Report, JJ07 Delete Report, JJ08 Juvenile Witness Subpoena, JJ09 Juvenile Hearing Date Notice, JJ10 Special Needs Report, JJ11 Juvenile Summons (DC510), and JJ12 Juvenile Fugitive Index. The bottom screenshot shows the 'JJ04 Guardian Ad Litem Report Request' form, which includes fields for 'From Date (mmyy)' and 'To Date (mmyy)', and a 'Submit' button.

JJ04, GAL Report

CMSBJJ04	JDR TESTING	PAGE 1	
01/13/11	GUARDIAN AD LITEM REPORT		
	FROM 07/10 THRU 01/11		
CASES WITH STATUS "N"			
CASE NUMBER	HEAR	DATE	JUDGE
JJ103013-01-00	09/15/10	Y6D	
JJ103014-01-00	09/15/10	TTZ	
JJ333333-33-33	01/25/11		
JJ338377-01-00	07/02/10	WWW	
JJ888998-69-01	07/21/10		
TOTAL CASES	5		

CMSBJJ04	JDR TESTING	PAGE 2
01/13/11	TOTAL OF GUARDIAN AD LITEM CASES	
	FROM 07/10 THRU 01/11	
TOTAL CASES PERCENTAGE		
INDICATOR "Y"	2	28.57
INDICATOR "N"	5	71.43
TOTAL	7	

Assessment Tab

Assessment Order

Parent

Case # J A 999999 - 18 - 01 **Dummy Case #** Court Appointed Attorney S (120) Guardian Ad Litem S 500.00 **Assessment Amount** (122) Time To Pay (137) **Date Certain** Due Date 08/07/2018 (MMDDYY)

Name WHITE SANDY Middle Name Suffix

SSN [] DOB [] Unknown

Address 12 HIGH STREET Zip 23222 City RICHMOND State VA

Parent

Case # J A 999999 - 18 - 02 **Dummy Case #** Court Appointed Attorney S (120) Guardian Ad Litem S 500.00 **Assessment Amount** (122) Time To Pay (137) **Date Certain** Due Date 08/07/2018 (MMDDYY)

Name PEACOCK GEORGE Middle Name Suffix

SSN [] DOB [] Unknown

Address 32 LOW STREET Zip 23222 City RICHMOND State VA

Procedural Change



RELEASE NOTICE

JUVENILE CASE MANAGEMENT SYSTEM,
FORMS, RELEASE VERSION 4.9.0
Operational Date: January 25, 2018

SYSTEM RELEASE IDENTIFICATION

Juvenile Case Management System, Forms, Release Version 4.9.0 is certified for release and will be available on **January 25, 2018**.

SUMMARY OF CHANGES

Forms

- A. The Commi
the JCMS F
- B. The CDC ha
court form:

Procedural Changes

The recommended procedure for granting time to pay for Guardian Ad Litem fees has been updated. The DC-533, ASSESSMENT/PAYMENT ORDER has been modified to allow the Judge to set a due date for GAL fees, which are only enforced by the collections process. The updated best practice procedure recommends courts do not set up time to pay for Guardian Ad Litem fees. The due date for GAL fees should be set by the Judge and included on the DC-533, ASSESSMENT/PAYMENT ORDER at the time of entry. The court should consider the total amount due by each party when determining the due date.

GAL Cost – Procedural Change

- Judge orders the Date Certain
 - Reviews the ability to pay criteria
- Time to Pay are not applicable
- Defendant files a Motion to Amend Due Date
- Judge determines the modification/extension of Due Date

Form Change

GUARDIAN AD LITEM COSTS FOR A CHILD

A guardian *ad litem* was appointed in this case and the total amount allowed to
the guardian *ad litem*, was \$

The court finds that the parent parent
[] MOTHER [] FATHER [] MOTHER [] FATHER

parents is/are able to pay the guardian *ad litem* costs in whole or in
part and ORDERS payment of such costs as shown below.

\$ to be paid by parent, by
DATE

\$ to be paid by parent, by
DATE

\$ to be paid by by
DATE

If additional time is needed to pay the amount indicated, the clerk's office should be contacted to schedule a hearing.

The court finds that the parent parent
[] MOTHER [] FATHER [] MOTHER [] FATHER

parents is/are indigent or otherwise unable to pay.

.....
DATE

.....
JUDGE

Individual Account in FAS

Financial Accounting System - Individual Account Welcome c\name, ck\name
310J - BEAM QA 310J TEST COURT

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A206

Case Summary Personal Interest Addl Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case #: JA999999-18-01 Account Setup Date: 02/07/2018

Account Of: WHITE, SANDY Address: 12 HIGH STREET, RICHMOND, VA 23222

DOB: SSN: 000-00-0000

Code Section: Charge: G/A FEE J1100002-01-00

Last Activity Date: 02/07/2018 Last Payment Date:

Notice Date: DL# / State: /

Civil Interest: 3 ?

Account Activity

Last Journal Voucher: Last Disbursement:

TSO: TSO Claim#:

Sent to Collection:

Account Info

* Trial Date: 02/07/2018 Due Date: 08/07/2018

Incarcerated: 0 Interest Date: 02/07/2018

Pay Start Date: Term (Days): 0

Status: 1 Case Type: OT

FMS Account Type: Term Amount: \$ 0.00 Calculate

Account Codes

Add	Code	Description	Assessed \$	Paid \$	Bal Due \$
<input checked="" type="checkbox"/>	122	GUARDIAN AD LITEM	500.00	0.00	500.00

Code: Description: Amount: Add Account Code

Fines/Costs Assessed: \$ 500.00 Restitution: \$ 0.00

Fines/Costs Interest: \$ 0.00 Restitution Interest: \$ 0.00

Fees Assessed: \$ 0.00 Total Assessed: \$ 500.00

Total Paid: \$ 0.00 Total Due: \$ 500.00

Financial Accounting System - Individual Account Welcome c\name, ck\name
310J - BEAM QA 310J TEST COURT

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A206

Case Summary Personal Interest Addl Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case #: JA999999-18-02 Account Setup Date: 02/07/2018

Account Of: PEACOCK, GEORGE Address: 32 LOW STREET, RICHMOND, VA 23222

DOB: SSN: 000-00-0000

Code Section: Charge: G/A FEE J1100002-01-00

Last Activity Date: 02/07/2018 Last Payment Date:

Notice Date: DL# / State: /

Civil Interest: 3 ?

Account Activity

Last Journal Voucher: Last Disbursement:

TSO: TSO Claim#:

Sent to Collection:

Account Info

* Trial Date: 02/07/2018 Due Date: 08/07/2018

Incarcerated: 0 Interest Date: 02/07/2018

Pay Start Date: Term (Days): 0

Status: 1 Case Type: OT

FMS Account Type: Term Amount: \$ 0.00 Calculate

Account Codes

Add	Code	Description	Assessed \$	Paid \$	Bal Due \$
<input checked="" type="checkbox"/>	122	GUARDIAN AD LITEM	500.00	0.00	500.00

Code: Description: Amount: Add Account Code

Fines/Costs Assessed: \$ 500.00 Restitution: \$ 0.00

Fines/Costs Interest: \$ 0.00 Restitution Interest: \$ 0.00

Fees Assessed: \$ 0.00 Total Assessed: \$ 500.00

Total Paid: \$ 0.00 Total Due: \$ 500.00





FAS Overview of Installment Time to Pay

Enter First Payment Date

Financial Accounting System - Individual Account Welcome ckiname, ckfname
3303 - ROUNDTREE JUVENILE AND DOMES [Help](#)

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A261

Case Summary Personal Interest Addl Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case#: SA003003-01-00 Account Setup Date: 06/22/2016

Account Of: BAKER, LAURA Address: 970 GREEN STREET, VIRGINIA BEACH, VA 23456 Notice Date: 09/07/2016

DOB: 02/28/1973 SSN: 111-11-1111 DL# / State: 24RFSDF234 / GA

Code Section: 18.2-57.2 Charge: ASSAULT & BATTERY-FAM MEMBER Civil Interest: ?

Last Activity Date: 12/29/2016 Last Payment Date: 12/29/2016

Account Activity

Last Journal Voucher: Last Disbursement: Sent to Collection: 06/30/2017

TSO: TSO Claim#:

Account Info

* Trial Date: 09/01/2016 Due Date: 03/13/2017 Status: COL Case Type: CM

Incarcerated: 0 Interest Date: 12/29/2016 * FMS Account Type: C

Pay Start Date: 09/01/2016 Term (Days): 12 Term Amount: \$ 100.00

Restitution Information

Account Codes

Add	Code	Description	Assessed \$	Paid \$	Bal Due \$	Add	Code	Description	Assessed \$	Paid \$	Bal Due \$
<input checked="" type="checkbox"/>	001	INT CRIM CHILD FUND						STATE INTEREST	5.84	5.84	0.00
<input checked="" type="checkbox"/>	110	FINES & FORFEITURES						CHCF	2.00	2.00	0.00
<input checked="" type="checkbox"/>	234	JAIL ADMSSION FEE						LOCAL INTEREST	0.29	0.29	0.00
<input checked="" type="checkbox"/>	243	LOCAL ACADEMY FEE						CHSF	10.00	10.00	0.00
<input checked="" type="checkbox"/>	481	MISDEMEANOR FEE						RESTITUTION	100.00	0.00	100.00

Code: Description:

Fines/Costs Assessed: \$ 866.00 Restitution: \$ 100.00 Fees Assessed: \$ 0.00 Total Assessed: \$ 972.13 Total Paid: \$ 300.00 Total Due: \$ 672.13

Fines/Costs Interest: \$ 6.13 Restitution Interest: \$ 0.00

Clerk ID:

Pay Start Date : 05/01/2018

Enter Number of Term Day

Financial Accounting System - Individual Account Welcome, ckname, ckname
3303 - ROUNDTREE JUVENILE AND DOMES

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool

Case Summary Personal Interest Add Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case#: 0A003003-01-00
Account Of: BAKER, LAURA Address: 970 GREEN STREET, VIRGINIA BEACH, VA 23456
DOB: 02/28/1973 SSN: 111-11-1111 Notice Date: 09/07/2016
Code Section: 18.2-57.2 Charge: ASSAULT & BATTERY-FAM MEMBER DL# / State: 24RF5DF234 / GA
Last Activity Date: 12/29/2016 Last Payment Date: 12/29/2016 Civil Interest: 0.00

Account Activity

Last Journal Voucher: TSO: Last Disbursement: TSO Claim#: Sent to Collection: 06/30/2017

Account Info

* Trial Date: 09/01/2016 Due Date: 06/10/2019 Status: COL Case Type: CM
Incarcerated: 0 Interest Date: 12/29/2016 * FMS Account Type: P
Pay Start Date: 05/01/2018 Term (Days): 31 Term Amount: \$ 50.00 Calculate

Restitution Information

Account Codes

Add	Code	Description	Assessed \$	Paid \$	Bal Due \$	Add	Code	Description	Assessed \$	Paid \$	Bal Due \$
<input checked="" type="checkbox"/>	001	INT CRIM CHILD FUND	15.00	15.00					5.84	5.84	0.00
<input checked="" type="checkbox"/>	110	FINES & FORFEITURES	750.00	177.87					2.00	2.00	0.00
<input checked="" type="checkbox"/>	234	JAIL ADMISSION FEE	25.00	25.00					0.29	0.29	0.00
<input checked="" type="checkbox"/>	243	LOCAL ACADEMY FEE	3.00	3.00					10.00	10.00	0.00
<input checked="" type="checkbox"/>	481	MISDEMEANOR FEE	61.00	61.00					100.00	0.00	100.00

Code: Description: Amount: Add Account Code

Fines/Costs Assessed: \$ 866.00 Restitution: \$ 100.00 Fees Assessed: \$ 0.00 Total Assessed: \$ 972.13 Total Paid: \$ 300.00 Total Due: \$ 672.13
Fines/Costs Interest: \$ 6.13 Restitution Interest: \$ 0.00

Clerk ID:

Incarceration Info Calculate Totals Add to Cart Receipt Save Back

Enter Payment Amount

Financial Accounting System - Individual Account Welcome, (username, ckrname) 3303 - ROUMIREE, JUVENILE AND DOPES Help

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A261

Case Summary Personal Interest Addl Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case#: SA003003-01-00
 Account Of: BAKER, LAURA Address: 970 GREEN STREET, VIRGINIA BEACH, VA 23456 Account Setup Date: 06/22/2016
 DOB: 02/28/1973 SSN: 111-11-1111 Notice Date: 09/07/2016
 Code Section: 18.2-57.2 Charge: ASSAULT & BATTERY-FAM MEMBER DL# / State: 24RFSDF234 / GA
 Last Activity Date: 12/29/2016 Last Payment Date: 12/29/2016 Civil Interest: ?

Account Activity

Last Journal Voucher: TSO: Last Disbursement: TSO Claim#: Sent to Collection: 06/30/2017

Account Info

* Trial Date: 09/01/2016 Due Date: 06/10/2019 Status: COL Case Type: CM
 Incarcerated: ? Interest Date: 12/29/2016 * FMS Account Type: P
 Pay Start Date: 05/01/2018 Term (Days): 31 Term Amount: \$ 50.00 Calculate

Restitution Information

Account Codes

Add	Code	Description	Assessed \$	Paid \$	Bal Due \$	Add	Code	Description	Assessed \$	Paid \$	Bal Due \$
<input checked="" type="checkbox"/>	001	INT CRIM CHILD FUND	15.00	15.00	0.00	<input checked="" type="checkbox"/>	109	STATE B			
<input checked="" type="checkbox"/>	110	FINES & FORFEITURES	750.00	177.87	572.13	<input checked="" type="checkbox"/>	228	CHCF			
<input checked="" type="checkbox"/>	234	JAIL ADMISSION FEE	25.00	25.00	0.00	<input checked="" type="checkbox"/>	242	LOCAL B			
<input checked="" type="checkbox"/>	243	LOCAL ACADEMY FEE	3.00	3.00	0.00	<input checked="" type="checkbox"/>	244	CHSP			10.00
<input checked="" type="checkbox"/>	461	MISDEMEANOR FEE	61.00	61.00	0.00	<input checked="" type="checkbox"/>	520	RESTITUTION			100.00

Code: Description: Amount: Add Account Code

Fines/Costs Assessed: \$ 866.00 Restitution: \$ 100.00 Fees Assessed: \$ 0.00 Total Assessed: \$ 972.13 Total Paid: \$ 300.00 Total Due: \$ 672.13
 Fines/Costs Interest: \$ 6.13 Restitution Interest: \$ 0.00

Clerk ID: _____

Incarceration Info Calculate Totals Add to Cart Receipt Save Back

Term Amount : \$ Calculate

Select "P" (Time to Pay)

Financial Accounting System - Individual Account

3303 - ROCHFORD JUVENILE AND DOMES

Register#: A261

Case Summary Personal Interest Add Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case#: 2A003003-01-00

Account Of: BAKER, LAURA
DOB: 02/28/1973
Code Section: 10-2-57.2
Last Activity Date: 12/29/2016

Address: 970 GREEN STREET, VIRGINIA BEACH, VA 23456
SSN: 111-11-1111
Charge: ASSAULT & BATTERY-FAM MEMBER
Last Payment Date: 12/29/2016

Account Setup Date: 06/22/2016
Notice Date: 09/07/2016
DL# / State: 24RPSDF234 / GA
Civil Interest: 0

Account Activity

Last Journal Voucher: TSO :
Last Disbursement: TSO Claim# :
Sent to Collection: 06/30/2017

Account Info

* Trial Date: 09/01/2016
Incarcerated: 0
Pay Start Date: 05/01/2018

Due Date: 06/10/2019
Interest Date: 12/29/2016
Term (Days): 01

Status: COL Case Type: CM

* FMS Account Type: P
Term Amount is: \$0.00 Calculate

Restitution Information

Account Codes

Add	Code	Description
<input checked="" type="checkbox"/>	001	INT CRIM CHILD FUND
<input checked="" type="checkbox"/>	110	FINES & FORFEITURES
<input checked="" type="checkbox"/>	234	JAIL ADMISSION FEE
<input checked="" type="checkbox"/>	243	LOCAL ACADEMY FEE
<input checked="" type="checkbox"/>	461	MISDEMEANOR FEE

Code: Description: Amount

Fines/Costs Assessed: \$ 866.00
Fines/Costs Interest: \$ 6.13

* FMS Account Type : P ?

- V: CIVIL UNPAID
- C: CRIMINAL UNPAID, CIVIL UNPAID
- F: LIABILITY ONLY (BONDS, ETC.)
- P: PARTIAL (TIME-TO-PAY, DEFERRED PAYMENT) AND CIVIL UNPAID
- T: TRAFFIC UNPAID

DMV – TTP Notification

Financial Accounting System - Individual Account Welcome, cdmanno, cdmname
330J - ROUNDTREE JUVENILE AND DOMES [Help](#)

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A261

Individual Account

* Case#: DA003003-01-00

Account Of: BAKER, LAURA Address: 970 GREEN STREET, VIRGINIA BEACH, VA 23456 Account Setup Date: 06/22/2016
 DOB: 02/28/1973 SSN: 111-11-1111 Notice Date: 09/07/2016
 Code Section: 18.2-57.2 Charge: ASSAULT & BATTERY-FAM MEMBER DL# / State: 24RPSDF234 / GA
 Last Activity Date: 12/29/2016 Last Payment Date: 12/29/2016 Civil Interest: ?

Account Activity Status: ?

Last Journal:

Account Info Sent to Collection: 06/30/2017

* Trial Date: 05/01/2016 Status: ? Case Type: ?
 Incarcerated: * FMS Account Type: ?
 Pay Start Date: 05/01/2016 Term Amount: \$ Calculate

Restitution Information

Account Codes

Add	Code	Description
<input checked="" type="checkbox"/>	001	INT CRIM
<input checked="" type="checkbox"/>	110	FINES & COSTS
<input checked="" type="checkbox"/>	234	JAIL AD
<input checked="" type="checkbox"/>	243	LOCAL A
<input checked="" type="checkbox"/>	461	MISDEM

Code: Description:

Fines/Costs Ass:
 Fines/Costs In:

Restitution Table

Description	Assessed \$	Paid \$	Bal Due \$
STATE INTEREST	5.84	5.84	0.00
HCF	2.00	2.00	0.00
LOCAL INTEREST	0.29	0.29	0.00
HSF	10.00	10.00	0.00
RESTITUTION	100.00	0.00	100.00
Total Assessed	\$ 972.13	Total Paid \$ 300.00	Total Due \$ 672.13

Save

Status : NEW ?

- APL : APPEALED
- BNK : BANKRUPTCY
- 224 : CIVIL NOTICE TO PAY
- COM : COMMONWEALTH ATTORNEY COLLEC
- EST : ESTATE
- NEW: NEW TIME TO PAY**
- 225 : NOTICE TO PAY
- OTH : OTHER
- COL : PRIVATE COLLECTIONS

Calculated New Due On Date

Financial Accounting System - Individual Account

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool

Case Summary Personal Interest Addl Info(0) History Notices Links(0) Restitution Forms

Individual Account

Case#: SA003003-01-00
Account Of: BAKER, LAURA
DOB: 02/28/1973
Code Section: 18-2-57.2
Last Activity Date: 12/29/2016

Address: 970 GREEN STREET, VIRGINIA BEACH, VA 23456
SSN: 111-11-1111
Charge: ASSAULT & BATTERY-FAM MEMBER
Last Payment Date: 12/29/2016

Account Setup Date: 06/22/2016
Notice Date: 09/07/2016
DL# / State: 24RPSDF234 / GA
Civil Interest: [?]

Account Activity

Last Journal Voucher: TSO: Last Disbursement: TSO Claim#: Sent to Collection: 06/30/2017

Account Info

Trial Date: 09/01/2016
Incarcerated: [?]
Pay Start Date: 05/01/2018

Due Date: 06/10/2019
Interest Date: 12/29/2016
Term (Days): 91

Status: COL Case Type: CM
FMS Account Type: P
Term Amount: \$ 50.00 Calculate

Restitution Information

Account Codes

Add	Code	Description	Assessed \$				Assessed \$	Paid \$	Bal Due \$
<input checked="" type="checkbox"/>	001	INT CRIM CHILD FUND	15.00				5.84	5.84	0.00
<input checked="" type="checkbox"/>	110	FINES & FORFEITURES	750.00	177.87	572.13	<input checked="" type="checkbox"/>	2.00	2.00	0.00
<input checked="" type="checkbox"/>	234	JAIL ADMISSION FEE	25.00	25.00	0.00	<input checked="" type="checkbox"/>	0.29	0.29	0.00
<input checked="" type="checkbox"/>	243	LOCAL ACADEMY FEE	3.00	3.00	0.00	<input checked="" type="checkbox"/>	10.00	10.00	0.00
<input checked="" type="checkbox"/>	461	MISDEMEANOR FEE	61.00	61.00	0.00	<input checked="" type="checkbox"/>	100.00	0.00	100.00

Description: [?] Amount: [?] Add Account Code

Fines/Costs Assessed: \$ 866.00
Fines/Costs Interest: \$ 6.13

Restitution: \$ 100.00
Restitution Interest: \$ 0.00

Fees Assessed: \$ 0.00
Total Assessed: \$ 972.13

Total Paid: \$ 300.00
Total Due: \$ 672.13

Clerk ID: [?]

Incarceration Info Calculate Totals Add to Cart Receipt Save Back

Linking Installment TTP

- Non restitution cases ONLY
- Set up Primary case as a TTP
- Establish Link
 - Changes will BREAK the Link
 - Unlink – Make changes - Relink



Set-up Primary Case

Financial Accounting System - Individual Account Welcome, curname, curname
3303 - ROUNTREE JUVENILE AND DOMES [Help](#)

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A261

Individual Account has been saved successfully.

[Case Summary](#) [Personal](#) [Interest](#) [Addl Info\(0\)](#) [History](#) [Notices](#) [Links\(0\)](#) [Restitution](#) [Forms](#)

Individual Account

* Case #: [R](#)

Account Of: RICHARDS, DEEDEE Address: 876 SECOND STREET, PORTSMOUTH, VA 23701 Account Setup Date: 06/24/2015
 DOB: 04/05/1980 SSN: 344-22-6890 Notice Date: 06/25/2015
 Code Section: 18.2-57.2 Charge: ASSAULT & BATTERY-FAM MEMBER DL# / State: F34BBS45 / MD
 Last Activity Date: 02/20/2018 Last Payment Date: 01/06/2016 Civil Interest: [?](#)

Account Activity

Last Journal Voucher: 01/06/2016 Last Disbursement: TSO: 06/30/2015 TSO Claim#: 00000000 Sent to Collection: 06/24/2015

Account Info

* Trial Date: [?](#) Due Date: [?](#) Status: [?](#) Case Type: [?](#)
 Incarcerated: [?](#) Interest Date: [?](#) * FMS Account Type: [?](#)
 Pay Start Date: [?](#) Term (Days): Term Amount: \$ [Calculate](#)

Account Codes

Add	Code	Description	Assessed \$	Paid \$	Bal Due \$	Add	Code	Description	Assessed \$	Paid \$	Bal Due \$
<input checked="" type="checkbox"/>	001	INT CRIM CHILD FUND	15.00	0.00	15.00	<input checked="" type="checkbox"/>	109	STATE INTEREST	6.11	6.11	0.00
<input checked="" type="checkbox"/>	201	FINES & FORFEITURES	50.00	0.00	50.00	<input checked="" type="checkbox"/>	228	CHCF	2.00	0.00	2.00
<input checked="" type="checkbox"/>	241	E-SUMMONS FEE	5.00	0.00	5.00	<input checked="" type="checkbox"/>	242	LOCAL INTEREST	5.99	5.99	0.00
<input checked="" type="checkbox"/>	243	LOCAL ACADEMY FEE	3.00	0.00	3.00	<input checked="" type="checkbox"/>	244	CHSF	10.00	0.00	10.00
<input checked="" type="checkbox"/>	461	MISDEMEANOR FEE	61.00	47.90	13.10						

Code: Description: Amount: [Add Account Code](#)

Fines/Costs Assessed: \$ 146.00 Restitution: \$ 0.00 Fees Assessed: \$ 0.00 Total Assessed: \$ 158.10 Total Paid: \$ 60.00 Total Due: \$ 98.10
 Fines/Costs Interest: \$ 12.10 Restitution Interest: \$ 0.00

Clerk ID:

[Incarceration Info](#) [Case Details](#) [H/D](#) [Calculate Totals](#) [Add to Cart](#) [Receipt](#) [Save](#) [Back](#)

Linking Cases

Step 1 - Select Link

Financial Accounting System - Individual Account

Welcome: cldname, clkfname
3303 - ROUNDTREE JUVENILE AND DOMES

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool

Individual Account has been saved

Case Summary Personal Interest Add Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case #: DA000080-01-00

Account Of: RICHARDS, DEEDEE
DOB: 04/05/1980
Code Section: 18.2-57.2
Last Activity Date: 02/20/2018

Address: 876 SECOND STREET, PORTSMOUTH, VA 23701
SSN: 344-22-6890
Charge: ASSAULT & BATTERY-FAM MEMBER
Last Payment Date: 01/06/2016

Account Setup Date: 06/24/2015
Notice Date: 06/25/2015
DL# / State: F34BBS45 / MD
Civil Interest: [?] ?

Register#: A261

Account Activity

Last Journal Voucher: 01/06/2016
TSO: 06/30/2015

Last Disbursement:
TSO Claim#: 00000000

Sent to Collection: 06/24/2015

Account Info

* Trial Date: 06/02/2014
Incarcerated: [?] ?
Pay Start Date: 05/15/2018

Due Date: 08/16/2018
Interest Date: 01/06/2016
Term (Days): 31

Status: NEW
Case Type: CM
* FMS Account Type: P
Term Amount: \$ 25.00 Calculate

Account Codes

Add	Code	Description	Assessed \$	Paid \$	Bal Due \$	Add	Code	Description	Assessed \$	Paid \$	Bal Due \$
<input checked="" type="checkbox"/>	001	INT CRIM CHILD FUND	15.00	0.00	15.00	<input checked="" type="checkbox"/>	109	STATE INTEREST	6.11	6.11	0.00
<input checked="" type="checkbox"/>	201	FINES & FORFEITURES	50.00	0.00	50.00	<input checked="" type="checkbox"/>	228	CHCF	2.00	0.00	2.00
<input checked="" type="checkbox"/>	241	E-SUMMONS FEE	5.00	0.00	5.00	<input checked="" type="checkbox"/>	242	LOCAL INTEREST	5.99	5.99	0.00
<input checked="" type="checkbox"/>	243	LOCAL ACADEMY FEE	3.00	0.00	3.00	<input checked="" type="checkbox"/>	244	CHSF	10.00	0.00	10.00
<input checked="" type="checkbox"/>	461	MISDEMEANOR FEE	61.00	47.80	13.10						

Code: [] Description: [] Amount: [] Add Account Code

Fines/Costs Assessed: \$ 146.00
Fines/Costs Interest: \$ 12.10

Restitution: \$ 0.00
Restitution Interest: \$ 0.00

Fees Assessed: \$ 0.00

Total Assessed: \$ 158.10

Total Paid: \$ 60.00

Total Due: \$ 98.10

Clerk ID: []

Incarceration Info Case Details H/D Calculate Totals Add to Cart Receipt Save Back

Linking Cases

Step 2 - Add Link

Financial Accounting System - Individual Account Welcome, cldname, ckfname
3303 - ROUNDTREE JUVENILE AND DOMES [Help](#)

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A261

Individual Account has been saved successfully.

Case Summary Personal Interest Add Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case#: JA000080-01-00
Account Of: RICHARDS, DEEDEE Address: 876 SECOND STREET, PORTSMOUTH, VA 23701 Account Setup Date: 06/24/2015
DOB: 04/05/1980 SSN: 344-22-6890 Notice Date: 06/25/2015
Code Section: 18.2-57.2 Charge: ASSAULT & BATTERY-FAM MEMBER DL# / State: F34BBS45 / MD
Last Activity Date: 02/20/2018 Last Payment Date: 01/06/2016 Civil Interest: []

Account Activity

Last Journal Voucher: 01/06/2016 Last Disbursement: TSO Claim#: 00000000 Sent to Collection: 06/24/2015
TSO: 06/30/2015

Account Info

* Trial Date: 06/02/2014 Due Date: 08/16/2018 Status: NEW Case Type: CM
Incarcerated: [] Interest Date: 01/06/2016 * FHS Account Type: P
Pay Start Date: 05/15/2018 Term (Days): 31 Term Amount: \$ 25.00 Calculate

Links - JA000080-01-00

Type: Time to Pay Restitution

Case#	Account Of	SSN	Trial Date	Due Date	Account Status	Balance Due	Remove
No data available							

Add Link

Linking Cases

Step 3 - Enter Case Number

Financial Accounting System - Individual Account Welcome, cldname, ckfname
3303 - ROUNDTREE JUVENILE AND DOMES ? Help ✓

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A261

Individual Account has been saved successfully.

Case Summary Personal Interest Addl Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case#: JA000080-01-00 ?

Account Of: RICHARDS, DEEDE Address: 876 SECOND STREET, PORTSMOUTH, VA 23701 Account Setup Date: 06/24/2015
DOB: 04/05/1980 SSN: 344-22-6890 Notice Date: 06/25/2015
Code Section: 18.2-57.2 Charge: ASSAULT & BATTERY-FAM MEMBER DL# / State: F34BBS45 / MD
Last Activity Date: 02/20/2018 Last Payment Date: 01/06/2016 Civil Interest: ?

Account Activity

Last Journal Voucher: 01/06/2016 Last Disbursement: TSO Claim#: 00000000 Sent to Collection: 06/24/2015
TSO: 06/30/2015

Account Info

* Trial Date: 06/02/2014 ? Due Date: 08/16/2018 ? Status: NEW ? Case Type: CM ?
Incarcerated: ? Interest Date: 01/06/2016 ? * EMS Account Type: ?

Links - JA000080-01-00 ? ✕

Type: Time to Pay Restitution

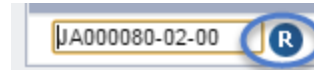
Case#	Account Of	SSN	Trial Date	Due Date	Account Status	Balance Due	Remove
<input style="width: 100%;" type="text"/>	←						

Clerk ID:

Incarceration Info Case Details H/D Calculate Totals Add to Cart Receipt Save Back

Linking Cases

Step 4 – Retrieve



Financial Accounting System - Individual Account Welcome **cklname, ckfname** 3303 - ROUNTREE JUVENILE AND DOMES [Help](#)

Receipt | Individual Account | Journal Voucher | Disbursement | Administration | End Of Day Reports | Forms | Tool Register#: A261

Individual Account has been saved successfully.

[Case Summary](#) [Personal](#) [Interest](#) [Addl Info\(0\)](#) [History](#) [Notices](#) [Links\(0\)](#) [Restitution](#) [Forms](#)

Individual Account

* Case#: JA000080-01-00 R

Account Of: RICHARDS, DEEDEE Address: 876 SECOND STREET, PORTSMOUTH, VA 23701 Account Setup Date: 06/24/2015
 DOB: 04/05/1980 SSN: 344-22-6890 Notice Date: 06/25/2015
 Code Section: 18.2-57.2 Charge: ASSAULT & BATTERY-FAM MEMBER DL# / State: F34BBS45 / MD
 Last Activity Date: 02/20/2018 Last Payment Date: 01/06/2016 Civil Interest: ?

Account Activity

Last Journal Voucher: 01/06/2016 Last Disbursement: Sent to Collection: 06/24/2015
 TSO: 06/30/2015 TSO Claim#: 00000000

Account Info

* Trial Date: 06/02/2014 ? Due Date: 08/16/2018 ? Status: NEW ? Case Type: CM ?
 Incarcerated: ? Interest Date: 01/06/2016 ? * FHS Account Type: P ?
 Pay Start Date: 05/15/2018 ? Term (Days): 31 Term Amount: \$ [Calculate](#)

Account Codes

Case#	Account Of	SSN	Trial Date	Due Date	Account Status	Balance Due	Remove
JA000080-02-00	RICHARDS, DEEDEE	XXX-XX-6890	06/02/2014	04/22/2019	X	182.84	✖

Code: Description: Amount: [Add Account Code](#)

Fines/Costs Assessed: \$ 146.00 Restitution: \$ 0.00 Fees Assessed: \$ 0.00 Total Assessed: \$ 158.10 Total Paid: \$ 60.00 Total Due: \$ 98.10
 Fines/Costs Interest: \$ 12.10 Restitution Interest: \$ 0.00

Clerk ID:

[Incarceration Info](#) [Case Details](#) [H/D](#) [Calculate Totals](#) [Add to Cart](#) [Receipt](#) [Save](#) [Back](#)

Linking Cases

Step 5 - Save

Clerk ID : Save

Financial Accounting System - Individual Account

Welcome, cldname, ckfname
3303 - ROUNDTREE JUVENILE AND DOMES
Help

Individual Account has been saved successfully.

Case Summary Personal Interest Addl Info(0) History Notices Links(0) Restitution Forms

Individual Account

* Case#: JA000080-01-00 Account Setup Date: 06/24/2015

Links -

Type : Time to Pay Restitution

Case#	Account Of	SSN	Trial Date	Due Date	Account Status	Balance Due	Remove
No data available							

Add Link

Clerk ID : Save

Fines/Costs Interest :\$ 12.10 Restitution Interest :\$ 0.00

Clerk ID :

Incarceration Info Case Details H/D Calculate Totals Add to Cart Receipt Save Back





Thank you for participating today. I hope you found this training beneficial.