

**CENTRALIZED ARRAIGNMENT PART (CAP)  
COMPENSATION CLAIM FORM**

LAST NAME	FIRST NAME	MI								
NID #	District (3-9)	WORK PHONE NUMBER								
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SIGNATURE OF ASSIGNED JUDGE	DATE									
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**SECTION 1 - COMPLETE THIS SECTION FOR WHOLE (5 or more hours) DAY ASSIGNMENTS:**

*I hereby certify that I was present in the Off-Hours Arraignment Part for the entire whole day assignment **OR** I was On-Call for the Off-Hours Arraignment Part and presided over at least 1 arraignment in \_\_\_\_\_ County on the dates listed below.*

	AM		AM		AM		AM
	PM		PM		PM		PM
	AM		AM		AM		AM
	PM		PM		PM		PM
	AM		AM		AM		AM
	PM		PM		PM		PM

**SECTION 2 - COMPLETE THIS SECTION FOR HALF (less than 5 hours) DAY ASSIGNMENTS**

*I hereby certify that I was present in the Off-Hours Arraignment Part for the half day assignment **OR** I was On-Call for the Off-Hours Arraignment Part and presided over at least 1 arraignment in \_\_\_\_\_ County on the dates listed below.*

	AM		AM		AM		AM
	PM		PM		PM		PM
	AM		AM		AM		AM
	PM		PM		PM		PM
	AM		AM		AM		AM
	PM		PM		PM		PM

<b>Reviewed by:</b> _____	<b>Date:</b> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
<b>District Designee</b>							
<b>Approved by:</b> _____	<b>Date:</b> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
<b>Administrative Judge</b>							

# Instructions for CP-33CAP CENTRALIZED ARRAIGNMENT PART (CAP) COMPENSATION CLAIM FORM

Enter the following information in the top section of the form: Last name, first name, middle initial of assigned judge, the Employee Identification Number(NID) and Judicial District. This form must be signed and dated by the assigned judge.

Section 1: Use this section for: WHOLE (5 or more hours) DAY ASSIGNMENTS ONLY. Using the drop downs, select the COUNTY to which assigned. List the individual dates of service in the space provided, and indicate AM or PM sessions. Please note: Two half day sessions on the same date are listed separately in Section 2.

Section 2: Use this section for: HALF (less than 5 hours) DAY ASSIGNMENTS ONLY. Using the drop down, select the COUNTY to which assigned. List the individual dates of service in the space provided, and indicate AM or PM sessions. Please note: Two half day sessions on the same date (ex. AM and PM) are listed separately in this section.

**The completed form must be sent to the Administrative Judge's Office for approval. Approved CP-33CAP forms should be submitted as soon as the temporary assignment concludes. Claims received for payment beyond 30 days from the date of completion of service may experience a delay in payment.**

**Forms are transmitted to the Payroll office via the CABINET Safe by the Administrative office.**