Request for Attorney Fees

(Do not use this form for PRISON or POST-CONVICTION HABEAS)

EMAIL FORM TO **CLAIMS@DIDS.NV.GOV**

Incomplete forms may be returned without approval

Department of Indigent Defense Services
DIDS.NV.Gov ~ DIDScontact@dids.nv.gov

Invoice No: _____

Appointed Attorney: _____

Address: _____

_____

Email: _____

Phone: _____

State Vendor No.: _____

Today's Date: _____

Client: LAST, FIRST (first initial if Juvenile)

Case No(s).: _____

LegalServer Case ID: _____

County: _____

Is this billing pursuant to a contract? Choose one

Is this a Muni or Death Penalty case? Choose one

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and

□ denies the request – **OR** –

□ approves payment in a total amount of $_____

Reviewed by _____ Date: _____

GENERAL INFORMATION

Invoice period: _____ to _____ Total Requested: $0.00

Have you previously submitted a bill for the time, travel, or other expenses claimed herein? Choose one

If you answered "Yes," explain why you are resubmitting it (attach additional pages if necessary):

CASE STATUS (Select One)

◯ Currently Active / Interim Billing **– OR –**

◯ A final bill. Case closed in LegalServer on _____. Representation terminated on _____.

BILLING STATUS (Select One)

◯ This is my initial billing in this case – **OR** –

◯ This is not my initial billing in this case, and I have previously billed $_____ in attorney fees for representation in this matter.

Request for ATTORNEY FEES, cont'd

Invoice No: _____ Client: LAST, FIRST (first initial if Juver LegalServer ID: _____

Does this billing include expenses that are shared among one or more indigent defense cases?	Choose one
If you answered "Yes," list the other LegalServer Case ID(s) and name(s). Attach additional pages if necessary. *Submit billing for other cases simultaneously.*	

TIME (must be in 0.1-hour increments). Attach additional pages if more than two rates apply in a category.

Attorney: _____ hrs.; $_____ /hour = $ 0.00 Attorney: _____ hrs.; $_____ /hour = $ 0.00

Travel: _____ hrs.; $_____ /hour = $ 0.00 Travel: _____ hrs.; $_____ /hour = $ 0.00

EXPENSES

Mileage: _____miles; $ .70 /mi. = $ 0.00 Mileage: _____miles; $ .67 /mi. = $ 0.00

List any other attorney-related case expenses, such as per diem, hotel, postage, etc. Attach additional pages of explanation if necessary. Refer to relevant GSA, SAM, and DIDS policies.

_____ = $_____

_____ = $_____

_____ = $_____

_____ = $_____

_____ = $_____

Total Request (Time and Expenses): $ 0.00

SWORN STATEMENT

I hereby swear or affirm the following: the information on this form is true and accurate; all claims listed are reasonably necessary; the services provided were for the purposes of indigent defense; none of the time or expenses above were related to private clients; and I received no compensation in this case from any other source except as explained in an attachment hereto.

_____ _____

Appointed Attorney Signature Date

Department of Indigent Defense Services
DIDS.NV.Gov ~ DIDScontact@dids.nv.gov

Request for Payment of EXPENSES

(Do not use this form for PRISON or POST-CONVICTION HABEAS)

EMAIL FORM TO **CLAIMS@DIDS.NV.GOV**

Incomplete forms may be returned without approval

Appointed Attorney: _____

Address: _____

_____

Phone: _____

Email: _____

Charge(s): _____

Today's Date: _____

Client: LAST, FIRST (first initial if Juvenile)

Case No(s).: _____

LegalServer Case ID: _____

County: _____

Is this a Muni or Death Penalty case: Choose One

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and

☐ denies the request – **OR** – ☐ approves payment in a total amount of $_____

Reviewed by _____ Date: _____

PAYMENT INFORMATION

Provider's Name: _____

Provider's email: _____

PAY TO: _____

Payee's State Vendor ID No.: _____

Invoice No.: _____

Invoice Period: _____ to _____

Vendor Type: Choose One Expert Type

TOTAL REQUESTED: $ _____

Pre-Authorization Information (Select One)

◯ All expenses for this provider remain below the county's pre-authorization threshold. Here is a brief explanation for the service:

Explanation for Service

– OR –

◯ All expenses herein are submitted pursuant to a pre-authorization (attach pre-authorization):

Pre-authorization number(s): _____ $_____

Total Previously Submitted and Approved for Payment: $_____

After payment of this bill, the remainder of any pre-authorization is $_____

SWORN STATEMENT

I hereby swear or affirm the following: the information above is true and accurate; I have reviewed the claims, the work was performed as described, and the work was reasonably necessary; the services provided were solely for the purposes of indigent defense; none of the services were court-ordered; and no payment for these services came from any other source except as explained in an attachment hereto.

_____ _____

Appointed Attorney Signature Date

_____ LS _____ B Log _____ PA Log

DEF-EXP (Rev. 07/2025)

Department of Indigent Defense Services
DIDS.NV.Gov ~ DIDScontact@dids.nv.gov

POST-CONVICTION HABEAS
Request for Attorney Fees

EMAIL FORM TO **CLAIMS@DIDS.NV.GOV**
Incomplete forms may be returned without approval

Invoice No: _____
Appointed Attorney: _____
Address: _____
_____
Email: _____
Phone: _____
State Vendor No.: _____

Today's Date: _____
Client: LAST, FIRST (first initial if Juvenile)
Case No(s).: _____
County: _____
Is this a Death Penalty case? Choose one

APPROVAL STATUS
(To be completed by the Department)

The Department has reviewed this request and
□ denies the request – **OR** –
□ approves payment in a total amount of $_____

Reviewed by _____ Date: _____

GENERAL INFORMATION

Invoice period: _____ to _____ Total Requested: $0.00

Have you previously submitted a bill for the time, travel, or other expenses claimed herein? Choose one
If you answered "Yes," explain why you are resubmitting it (attach additional pages if necessary):

CASE STATUS (Select One)

○ Currently Active / Interim Billing **– OR –**
○ A final bill.

BILLING STATUS (Select One)

○ This is my initial billing in this case – **OR** –
○ This is not my initial billing in this case, and I have previously billed $_____ in attorney fees for representation in this matter.

_____ Log

POST-CONVICTION - Request for ATTORNEY FEES, cont'd

Invoice No: _____ Client: LAST, FIRST (first initial if Juver Case No(s).: _____

Does this billing include expenses that are shared among one or more cases?	Choose one
If you answered "Yes," list the other case number(s) and client name(s) and, if applicable, LegalServer Case ID(s). Attach additional pages if necessary. *Submit billing for other cases simultaneously.*	

TIME (must be in 0.1-hour increments). Attach additional pages if more than two rates apply in a category.

Attorney: _____ hrs.; $_____ /hour = $ 0.00 Attorney: _____ hrs.; $_____ /hour = $ 0.00

Travel: _____ hrs.; $_____ /hour = $ 0.00 Travel: _____ hrs.; $_____ /hour = $ 0.00

EXPENSES

Mileage: _____miles; $ .70 /mi. = $ 0.00 Mileage: _____miles; $ .67 /mi. = $ 0.00

List any other attorney-related case expenses, such as per diem, hotel, postage, etc. Attach additional pages of explanation if necessary. Refer to relevant GSA, SAM, and DIDS policies.

_____ = $_____

_____ = $_____

_____ = $_____

_____ = $_____

_____ = $_____

Total Request (Time and Expenses): $ 0.00

SWORN STATEMENT

I hereby swear or affirm the following: the information on this form is true and accurate; all claims listed are reasonably necessary; the services provided were for the purposes of indigent post-conviction representation; none of the time or expenses above were related to private clients; and no compensation from any other source was received in this case except as explained in an attachment hereto.

_____ _____

Appointed Attorney Signature Date

Department of Indigent Defense Services
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POST-CONVICTION HABEAS
Request for Payment of Expenses

EMAIL FORM TO **CLAIMS@DIDS.NV.GOV**

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Appointed Attorney: _____

Address: _____

_____

Phone: _____

Email: _____

Charge(s): _____

Today's Date: _____

Client: LAST, FIRST (first initial if Juvenile)

Case No(s).: _____

County: _____

Is this a Death Penalty case: Choose one

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and

☐ denies the request – **OR** – ☐ approves payment in a total amount of $_____

Reviewed by _____ Date: _____

Attach all court orders related to authorization or payment of services for this provider since the last submission of a request for payment of services by this provider in this case.

PAYMENT INFORMATION

Provider's Name: _____

Provider's email: _____

PAY TO: _____

Payee's State Vendor ID No.: _____

Provider's Invoice No.: _____

Invoice Period: _____ to _____

TOTAL REQUESTED: $ _____

SWORN STATEMENT

I hereby swear or affirm the following: the information above is true and accurate; I have reviewed the claims, the work was performed as described, and the work was reasonably necessary; the services provided were for the sole purpose of pursuing post-conviction habeas relief in this case; and no payment for these services came from any other source except as explained in an attachment hereto.

_____ _____

Appointed Attorney Signature Date

Department of Indigent Defense Services
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PRISON
Request for Attorney Fees

EMAIL FORM TO **CLAIMS@DIDS.NV.GOV**
Incomplete forms may be returned without approval

Invoice No: _____ Today's Date: _____

Appointed Attorney: _____ Client: LAST, FIRST (first initial if Juvenile)

Address: _____ Case No(s).: _____

_____ LegalServer Case ID: _____

Email: _____ County: _____

Phone: _____ Is this billing pursuant to a contract? Choose one

State Vendor No.: _____ Is this a Death Penalty case? Choose one

APPROVAL STATUS
(To be completed by the Department)

The Department has reviewed this request and
□ denies the request – **OR** –
□ approves payment in a total amount of $_____

Reviewed by _____ Date: _____

GENERAL INFORMATION

Invoice period: _____ to _____ Total Requested: $0.00

Have you previously submitted a bill for the time, travel, or other expenses claimed herein? Choose one
If you answered "Yes," explain why you are resubmitting it (attach additional pages if necessary):

CASE STATUS (Select One)

○ Currently Active / Interim Billing **– OR –**

○ A final bill. Case closed in LegalServer on _____. Representation terminated on _____.

BILLING STATUS (Select One)

○ This is my initial billing in this case – **OR** –

○ This is not my initial billing in this case, and I have previously billed $_____ in attorney fees for representation in this matter.

Invoice No: _____ Client: LAST, FIRST (first initial if Juver LegalServer ID: _____

Does this billing include expenses that are shared among one or more indigent defense cases?	Choose one
If you answered "Yes," list the other LegalServer Case ID(s) and name(s). Attach additional pages if necessary. *Submit billing for other cases simultaneously.*	

TIME (must be in 0.1-hour increments). Attach additional pages if more than two rates apply in a category.

Attorney: _____ hrs.; $_____ /hour = $ 0.00 Attorney: _____ hrs.; $_____ /hour = $ 0.00

Travel: _____ hrs.; $_____ /hour = $ 0.00 Travel: _____ hrs.; $_____ /hour = $ 0.00

EXPENSES

Mileage: _____miles; $ .70 /mi. = $ 0.00 Mileage: _____miles; $ .67 /mi. = $ 0.00

List any other attorney-related case expenses, such as per diem, hotel, postage, etc. Attach additional pages of explanation if necessary. Refer to relevant GSA, SAM, and DIDS policies.

_____ = $_____

_____ = $_____

_____ = $_____

_____ = $_____

_____ = $_____

Total Request (Time and Expenses): $ 0.00

SWORN STATEMENT

I hereby swear or affirm the following: the information on this form is true and accurate; all claims listed are reasonably necessary; the services provided were for the purposes of indigent defense; none of the time or expenses above were related to private clients; and I received no compensation in this case from any other source except as explained in an attachment hereto.

_____ _____

Appointed Attorney Signature Date

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PRISON
Request for Payment of Expenses

EMAIL FORM TO **CLAIMS@DIDS.NV.GOV**

Incomplete forms may be returned without approval

Appointed Attorney: _____ Today's Date: _____

Address: _____ Client : LAST, FIRST (first initial if Juvenile)

_____ Case No(s).: _____

Phone: _____ LegalServer Case ID: _____

Email: _____ County: _____

Charge(s): _____ Is this a Death Penalty case: Choose One

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and

☐ denies the request – **OR** – ☐ approves payment in a total amount of $_____

Reviewed by _____ Date: _____

PAYMENT INFORMATION

Provider's Name: _____ Invoice No.: _____

Provider's email: _____ Invoice Period: _____ to _____

PAY TO: _____ Providor is an Choose One Expert Type

Payee's State Vendor ID No.: _____ **TOTAL REQUESTED**: $ _____

PRE-AUTHORIZATIONS

Attach all relevant pre-authorizations.

Pre-authorization number(s): _____ $_____

Total Previously Submitted and Approved for Payment: $_____

After payment of this bill, the remainder of any pre-authorization is $_____

SWORN STATEMENT

I hereby swear or affirm the following: the information above is true and accurate; I have reviewed the claims, the work was performed as described, and the work was reasonably necessary; the services provided were solely for the purposes of indigent defense; none of the services were court-ordered; and no payment for these services came from any other source except as explained in an attachment hereto.

_____ _____

Appointed Attorney Signature Date