

Request for Payment of Authorized EXPENSES
 (Do not use this form for PRISON or POST-CONVICTION HABEAS cases.)
 Incomplete forms may be returned without approval.

Appointed Attorney: _____
 Address: _____

 Phone: _____
 Email: _____
 Charge(s): _____

Today's Date: _____
 Client Name: _____
 Case No(s): _____
 LegalServer Case ID: _____
 Court of Jurisdiction: _____
 Funding Source: _____

PAYMENT INFORMATION

Pay to: _____
 Vendor No.: _____
 Tax ID No.: _____

Invoice No.: _____
 Invoice period: _____ to _____
 Total Requested: \$ _____

Pre-Authorization Information (Select One)

Expenses for this provider are below the pre-authorization threshold, and here is a brief explanation of the 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 \$ _____

STATEMENT MADE UNDER OATH

I hereby certify 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; and none of the services were court-ordered.

 Appointed Attorney Signature

 Date

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and	
<input type="checkbox"/> denies this request – OR –	
<input type="checkbox"/> approves payment in a total amount of \$ _____	
Reviewed by _____	Date: _____