



Request for Payment
of Authorized EXPENSES – POST-CONVICTION HABEAS

Incomplete forms may be returned without approval.

Appointed Attorney:
Address:
Phone:
Email:
Charge(s):

Today's Date:
Client Name:
Case No(s):
Court of Jurisdiction:

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

PAYMENT INFORMATION

Pay to: Invoice period:
Vendor No.: Invoice No.: Total Requested: \$

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; and the services provided were for the sole purpose of pursuing post-conviction habeas relief in this case.

Appointed Attorney Signature Date

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and
denies this request - OR -
approves payment in a total amount of \$
Reviewed by Date: