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

Request for Attorney FEES – PRISON
Incomplete forms may be returned without approval.

Invoice No: _____

Appointed Attorney: _____

Address: _____

_____

Email: _____

Phone: _____

Vendor No.: _____

Today's Date: _____

Client Name: _____

Case No(s).: _____

LegalServer Case ID: _____

Is this invoice pursuant to a contract?

Court of Jurisdiction: _____

Is this a Death Penalty case?

GENERAL INFORMATION

Invoice period: _____ to _____   Total Requested: $_____

Have you previously submitted an invoice for the time, travel, or other expenses claimed herein?

If you answered "yes," explain why you are resubmitting it:

CASE STATUS (Select One)

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

☐ A final bill. Case closed in LegalServer _____.   Representation terminated _____.

BILLING STATUS (Select One)

☐ This is my initial invoice in this case – **OR** –

☐ This is not my initial invoice in this case, and I have previously invoiced $_____ in attorney fees for representation in this matter.

Does this invoice include time/travel expenses that are shared among one or more indigent defense cases?
If you answered "yes," list the other LegalServer Case ID(s) and name(s) (and submit invoices for other cases simultaneously):

Invoice No: _____ Client Name: _____ LegalServer ID: _____

TIME (must be in 0.1-hour increments)

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

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

EXPENSES

Mileage: _____ miles; $_____ /mi. = $ _____   Mileage: _____ miles; $_____ /mi. = $ _____

List any other attorney-related case expenses, such as per diem, hotel, postage, etc.

_____ = $ _____

_____ = $ _____

_____ = $ _____

_____ = $ _____

Total Request (Time and Expenses): $ _____

STATEMENT MADE UNDER OATH

I hereby certify 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; and none of the time or expenses above were related to private clients.

_____   _____

Appointed Attorney Signature   Date

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: _____

PRI-FEE (Rev. 06/2025)