

CARSON CITY REQUEST FOR REIMBURSEMENT OF EXPENSES

Attorney: _____
Address: _____
Phone No.: _____
Defendant Name: _____
(If juvenile, then first initial and last name)
Court of Jurisdiction _____
Funding Source: _____

Date: _____
E-Mail: _____
Case No.: _____
Charge: _____
LegalServer
Case No. _____

Expenses to Be Paid:

Pay to: _____ Tax ID No.: _____
Hourly Rate: \$ _____ Hours Worked: _____ Total: \$ _____

These expenses were:

Allowed pursuant to the Carson City Plan for Indigent Defense without pre-authorization
or
Pre-authorized by Carson City or the Court
(If pre-authorized, please attach a copy of the pre-authorization form)

The expert time included in this bill:

Has been entered into the casefile in LegalServer
Is supported by documentation which is attached

This invoice is:

an interim bill
a final bill

STATEMENT MADE UNDER OATH

I hereby certify that the above and foregoing claim is just and reasonable. That the work performed was necessary in the defense of my client, and that said claim is now due. That if this is not the initial billing, the expert previously received \$ _____ in fees in this matter.

Claimant

APPROVAL

(To be completed by Carson City)

Carson City has reviewed request and has: approved a total amount of \$ _____;

not approved this request.

Reviewed by _____ Date _____

Please email completed request to Didspayments@carson.org or call 775-283-7125 for additional assistance.