

**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: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Client Name: \_\_\_\_\_

\_\_\_\_\_

Case No(s): \_\_\_\_\_

Phone: \_\_\_\_\_

LegalServer Case ID: \_\_\_\_\_

Email: \_\_\_\_\_

Court of Jurisdiction: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Funding Source: \_\_\_\_\_

**PAYMENT INFORMATION**

Pay to: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

Vendor No.: \_\_\_\_\_

Invoice period: \_\_\_\_\_ to \_\_\_\_\_

Tax ID No.: \_\_\_\_\_

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

☐ denies this request – **OR** –

☐ approves payment in a total amount of \$ \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date: \_\_\_\_\_