



**Request for Payment
of Authorized EXPENSES – POST-CONVICTION HABEAS**

Incomplete forms may be returned without approval.

Appointed Attorney: _____

Today's Date: _____

Address: _____

Client Name: _____

Case No(s): _____

Phone: _____

Court of Jurisdiction: _____

Email: _____

Charge(s): _____

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: _____ to _____

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: _____