

REQUEST FOR PAYMENT OF AUTHORIZED EXPENSES

Attorney: _____ Case No.: _____

Email: _____ LegalServer case no. _____

Defendant Name: _____ County: _____
(If juvenile, then first initial and last name)

Funding Source: **State Prison Case** | **State (Habeas)** | _____ **County** | _____ **Muni**
(Select only one)

This expense was below the county's pre-authorized amount or it was pre-authorized in the amount of \$ _____ and a copy of the the approved pre-authorization is attached.

Approved Expenses to Be Paid (Fill only blanks that are applicable):

1. Pay to: _____ Tax ID No.: _____

Expense Type _____ Total: \$ _____

Previously Paid \$ _____

2. Pay to: _____ Tax ID No.: _____

Expense Type _____ Total: \$ _____

Previously Paid \$ _____

3. Pay to: _____ Tax ID No.: _____

Expense Type _____ Total: \$ _____

Previously Paid \$ _____

4. Pay to: _____ Tax ID No.: _____

Expense Type _____ Total: \$ _____

Previously Paid \$ _____

STATEMENT MADE UNDER OATH

I hereby certify that the above and foregoing claim is just and reasonable. I further certify that if this is not the initial billing in this matter, the person(s) above previously received the amounts indicated above in the representation of this matter.

Claimant Date

APPROVAL

(To be completed by DIDS)

DIDS has reviewed this request and has approved a total amount of \$ _____; OR

DIDS has DENIED this request.

Reviewed by _____ Date _____

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