

**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 \_\_\_\_\_

LS  LOG