

REQUEST FOR PAYMENT OF AUTHORIZED EXPENSES

Attorney: _____ Funding Source: _____
Email: _____ Case No.: _____
Defendant Name: _____ County _____
(If juvenile, then first initial and last name)

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

1. Pay to: _____ Tax ID No.: _____
Expense Type _____ Total: \$ _____

2. Pay to: _____ Tax ID No.: _____
Expense Type _____ Total: \$ _____

3. Pay to: _____ Tax ID No.: _____
Expense Type _____ Total: \$ _____

4. Pay to: _____ Tax ID No.: _____
Expense Type _____ Total: \$ _____

STATEMENT MADE UNDER OATH

I hereby certify that the above and foregoing claim is just and reasonable. That if this is not the initial billing in this matter, the expert previously received \$ _____ in fees 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 \$ _____.
___ DIDS has not approved this request.

Reviewed by _____ Date _____