

**CARSON CITY REQUEST FOR REIMBURSEMENT OF EXPENSES**

Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Defendant Name: \_\_\_\_\_  
(If juvenile, then first initial and last name)  
Court of Jurisdiction \_\_\_\_\_  
Funding Source: \_\_\_\_\_

Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Case No.: \_\_\_\_\_  
Charge: \_\_\_\_\_  
LegalServer  
Case No. \_\_\_\_\_

**Expenses to Be Paid:**

Pay to: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_  
Hourly Rate: \$ \_\_\_\_\_ Hours Worked: \_\_\_\_\_ Total: \$ \_\_\_\_\_

**These expenses were:**

Allowed pursuant to the Carson City Plan for Indigent Defense without pre-authorization  
**or**  
Pre-authorized by Carson City or the Court  
(If pre-authorized, please attach a copy of the pre-authorization form)

**The expert time included in this bill:**

Has been entered into the casefile in LegalServer  
Is supported by documentation which is attached

**This invoice is:**

an interim bill  
a final bill

**STATEMENT MADE UNDER OATH**

I hereby certify that the above and foregoing claim is just and reasonable. That the work performed was necessary in the defense of my client, and that said claim is now due. That if this is not the initial billing, the expert previously received \$ \_\_\_\_\_ in fees in this matter.

\_\_\_\_\_  
Claimant

**APPROVAL**

(To be completed by Carson City)

Carson City has reviewed request and has:  approved a total amount of \$ \_\_\_\_\_;

not approved this request.

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

Please email completed request to [DIDSPayment@carson.org](mailto:DIDSPayment@carson.org) or call 775-283-7125 for additional assistance.