

INVOICE

Assigned Counsel Services

Invoice #: _____

Date: _____

ATTORNEY INFORMATION

Name:

Bar ID:

Address:

Email/Phone: _____

CASE INFORMATION

Client Name:

Case/Docket #:

Court:

Offense/Matter: _____

Date	Description of Service (In-Court / Out-of-Court)	Hours	Rate	Total

Total Hours: _____

Total Expenses/Reimbursements: \$ _____

TOTAL AMOUNT DUE: \$ _____

Attorney Signature

I certify the above hours and expenses are accurate.

Presiding Judge / Administrator Approval

Date Approved