

ASSIGNED COUNSEL LEGAL SERVICES INVOICE

Invoice #: _____

Date: _____

Attorney Information:

Name: _____

Bar ID: _____

Address: _____

Phone: _____

Court / Agency Information:

Court: _____

Case Title: _____

Docket #: _____

Judge: _____

Itemized Professional Services:

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

Expenses & Disbursements:

Date	Description (Mileage, Printing, Fees, etc.)	Amount

Total Hours: _____

Total Fees: \$ _____

Total Expenses: \$ _____

GRAND TOTAL: \$ _____

Attorney Certification:

I hereby certify that the above services were rendered and that the expenses were actually and necessarily incurred in the representation of the assigned client.

Signature of Counsel