

CONFLICT COUNSEL INVOICE

Assigned Counsel Billing Statement

Attorney Information:

Name: _____
Tax ID/SSN: _____
Address: _____
Phone: _____

Case Information:

Case Name: _____
Case Number: _____
Court/Dept: _____
Charge(s): _____

Professional Services

Date	Activity Description (In-Court / Out-of-Court)	Hours	Rate	Total
Total Fees:				\$

Reimbursable Expenses

Date	Expense Description (Mileage, Copies, Experts, etc.)	Amount

Date	Expense Description (Mileage, Copies, Experts, etc.)	Amount
Total Expenses:		\$

GRAND TOTAL DUE: \$ _____

I hereby certify under penalty of perjury that the foregoing is a true and correct statement of services rendered and expenses incurred in the representation of the named defendant as assigned conflict counsel.

Attorney Signature

Date

Judicial Approval (If Required)

Date