

FEDERAL PUBLIC DEFENDER

ASSIGNED COUNSEL INVOICE

ATTORNEY NAME / PAYEE

ADDRESS

TAX ID / SSN

CASE NAME

DOCKET NUMBER

VOUCHER NUMBER

SERVICES RENDERED

DATE	DESCRIPTION OF SERVICES (In-Court / Out-of-Court)	HOURS	TOTAL

EXPENSES

DATE	DESCRIPTION (Travel, Photocopies, Postage, etc.)	AMOUNT

Total Service Fees: \$

Total Expenses: \$

GRAND TOTAL CLAIMED: \$

I hereby certify that the above services were rendered and expenses incurred in the representation of the named defendant as assigned by the Federal Public Defender.

Attorney Signature

Date: _____