

INDIGENT DEFENSE SERVICES

ASSIGNED COUNSEL INVOICE

CASE INFORMATION

DEFENDANT NAME
CASE / DOCKET NUMBER
COURT
CHARGE(S)
DISPOSITION

ATTORNEY INFORMATION

ATTORNEY NAME
TAX ID / SSN
MAILING ADDRESS
PHONE / EMAIL

ITEMIZED SERVICES

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

EXPENSES & REIMBURSEMENTS

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

TOTAL CLAIMED: \$ _____

I hereby certify that the above information is true and accurate, and that the services described were performed as necessary in the representation of the named indigent defendant.

ATTORNEY SIGNATURE
DATE signed

JUDICIAL APPROVAL

The court finds the above fees and expenses to be reasonable and orders payment.

PRESIDING JUDGE