

JUDICIAL DISTRICT ASSIGNED COUNSEL INVOICE

Attorney Name:

Address:

Tax ID / SSN: Voucher No:

Case Title:

Docket/Indictment No: Offense:

Court: Judge:

Date	Description of Services (In-Court / Out-of-Court)	Hours	Rate	Total
Total Fee Claimed:				
Expenses (Receipts Attached):				
GRAND TOTAL:				

I hereby certify that the above services were rendered and expenses incurred in the performance of my duties as assigned counsel.

Attorney Signature

Date: _____

Presiding Judge Approval

Date: _____