

LEGAL AID COMMISSION

ASSIGNED COUNSEL INVOICE

ATTORNEY NAME / FIRM:
TAX ID / VENDOR NUMBER:
ADDRESS:
INVOICE NUMBER:
DATE OF SUBMISSION:
CERTIFICATE/CASE REF NO:

CLIENT & CASE INFORMATION

CLIENT NAME:
COURT / JURISDICTION:
OFFENSE / MATTER TYPE:
DISPOSITION DATE:

ITEMIZED SERVICES

DATE	DESCRIPTION OF WORK PERFORMED	HOURS	TOTAL (\$)

DISBURSEMENTS / EXPENSES

DESCRIPTION (Travel, Photocopy, Filing Fees, etc.)	AMOUNT (\$)

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SUBTOTAL FEES: _____

TOTAL DISBURSEMENTS: _____

GRAND TOTAL CLAIMED: _____

I hereby certify that the above services were actually performed and the expenses incurred in the representation of the named client.

ATTORNEY SIGNATURE

DATE SIGNED