

ASSIGNED COUNSEL EXPENSE INVOICE

Public Defender's Office / Indigent Defense Services

Attorney Name
Tax ID / SSN
Mailing Address
Case Number
Defendant Name
Court / Department

PROFESSIONAL SERVICES (HOURLY)

Date	Description of Legal Services	Hours	Amount
Total Service Fees:			\$

REIMBURSABLE EXPENSES (Travel, Photocopy, Expert Fees)

Date	Description of Expense	Amount

Date	Description of Expense	Amount
Total Expenses:		\$

TOTAL CLAIM AMOUNT	\$
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I hereby certify that the above services were rendered and expenses incurred in the representation of the named defendant as assigned by the court.

Attorney Signature
Date Signed

<p>Internal Use Only: Court Approval / Public Defender Authorization Authorized Signature Date Approved</p>
