

Regional Managed Assigned Counsel Office

_____ DISTRICT COURT _____ MUNICIPAL COURT	INVOICE FOR APPOINTED ATTORNEY FEE INDIVIDUAL CLIENT	CASE NO.
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Attorney Name: _____ Phone #: _____

Address: _____ Bar (P) #: _____

Defendant Name: _____ Date Appointed: _____

Charges: _____ In-Custody: Yes No

Initial Interview Date: _____ Disposition: Dismissed Sentenced FTA

Case Result: _____

Date	Description of Services Rendered	Start Time	End Time	Service Hours and Minutes
Total Pay	Total Hours/Minutes _____ Rate of Pay _____			

I declare that I have examined this invoice and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and accurately list all services provided during the course of this billing period.

Attorney Signature: _____ **Date:** _____

Reviewed by: _____ Date: _____
 (Court Personnel Name, Title)

Regional MAC Office Use Only

Payment Authorized by: _____ Review Date: _____
 Signature, Title

Account Number: _____