ANCILLARY SERVICE PROVIDER Payment Request
Office of Court Appointed Counsel

PROVIDER INFORMATION:

TYPE OF PROVIDER: _____
(For example: Expert Witness, Interpreter, Investigator, Paralegal, etc.)

Name _____ **Billing: □ Initial □ Interim □ Final**

Address _____ **Phone** _____ **Fax** _____

EMAIL Address: _____

CASE INFORMATION:

Case Number _____ **Attorney**_____

Defendant _____ **Judge** _____

Spanish Speaking only □ Yes □ No

	Number of hours		Rate		Amount
	_____	X	$_____	=	_____
	_____	X	$_____	=	_____
Travel (miles)	_____	X	$0.445	=	_____
Expenses _____				=	_____
_____				=	_____
			Total Claim	=	_____

The statements in the above schedule are true. No compensation for the services described has been received. An accurate itemization of the time and expenses is attached.

_____ _____
Contractor Signature **Date**

_____ _____
Attorney Signature **Date**

For OCAC use only ***(Revised 8/20/14)***
Approved: _____ **Date _____**

☐ **Math Checked** ☐ **Bill is within amount approved** ☐ **Necessary Approval and/or** ☐ **Receipts Attached**

☐ **Case Ongoing** ☐**Case Closed Disposition: _____Date:_____**