

**TRANSCRIBER Payment Request**  
**Office of Court Appointed Counsel**

**CASE INFORMATION:**

Case Number \_\_\_\_\_ Attorney \_\_\_\_\_  
 Defendant \_\_\_\_\_ Judge \_\_\_\_\_

**BILLING INFORMATION:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Tax ID \_\_\_\_\_

	<u>Number of pages</u>		<u>Rate</u>		<u>Amount</u>
Standard	_____	X	<u>\$2.00</u>	=	_____
Rush	_____	X	<u>\$3.50</u>	=	_____
Spanish	_____	X	<u>\$4.50</u>	=	_____
Spanish (Rush)	_____	X	<u>\$7.50</u>	=	_____
Expenses _____				=	_____
_____				=	_____
			<b>Total Claim</b>	=	_____

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 101106)*

Approved: \_\_\_\_\_

Date \_\_\_\_\_

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