PUBLIC DEFENSE PROVIDER'S FEE STATEMENT FOR ATTORNEY FEES AND ROUTINE EXPENSES

(The fee statement for non-routine expenses is included in the preauthorization for such expenses.)

1. CASE & APPOINTMENT INFORMATION

County/Court _____ Case Number(s) _____

Case/Client's Name _____

Client's Name if Different from Person Above _____

Appointment Date _____ Appointment Type _____

Disposition Date _____ Disposition Type _____

2. ATTORNEY INFORMATION

Name _____ OSB Number_____

Address _____ Tax ID No. _____

_____ Phone No. _____

_____

3. BILLING INFORMATION

Code	Description	Hrs (in 0.1) or Quantity	Rate	Amount Billed	PDSC use only: Amount Approved
4602	Attorney Fees			$ $0.00	$
4601	Attorney Out-of-Pocket			$	$
4635	Mileage			$ $0.00	$
4609	Discovery			$	$
4610	Other			$	$
			TOTAL	$ $0.00	$

I certify that the information above is true. I have not received and will not accept direct or indirect compensation for these services other than as approved by PDSC or authorized by contract.

Date_____ Signature_____

Send completed form and supporting documentation to:

Accounts Payable
Public Defense Services Commission
1175 Court Street NE
Salem, OR 97301

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