STATE MARSHAL SERVICES INVOICE
FOR SERVICE OF PROCESS
CCPA-SP-06

STATE OF CONNECTICUT
COMMISSION ON CHILD PROTECTION

BUSINESS UNIT NAME	CONTROL GROUP	INVOICE NO.	INVOICE AMOUNT
PDSM1			$0.00

	INVOICE DATE	ACCOUNTING DATE	VENDOR FEIN//SSN - SUFFIX		

MARSHAL INFORMATION

MARSHALL'S NAME			MARSHAL'S TELEPHONE NUMBER
TITLE			
			MARSHAL'S FAX NUMBER
ADDRESS			
CITY		STATE: CT	ZIP
			ATTORNEY'S NAME WHO MADE THE REQUEST

VENDOR BILLING IDENTIFICATION (E.G., SERVICE DATE, CASE NAME)

VS

CASE INFORMATION

COURT TYPE (JD/JUV)

COURT LOCATION

DOCKET NUMBER

NAME OF PERSON SERVED

NAME/TYPE OF DOCUMENT SERVED

MILEAGE RECORD

FROM:	TO:	TOTAL MILES	RATE	AMOUNT
		0	$0.445	$0.00
			$0.445	$0.00
			$0.445	$0.00
			$0.445	$0.00
			$0.445	$0.00
			$0.445	$0.00
		TOTAL MILEAGE		**$0.00**

FEES

DESCRIPTION OF FEE	QUANTITY	UNIT PRICE	AMOUNT
SERVICE	0	$30.00	$0.00
2ND AND SUBSEQUENT SERVICES - DIFFERENT ADDRESS		$30.00	$0.00
2ND AND SUBSEQUENT SERVICES - SAME ADDRESS		$10.00	$0.00
SERVICE NOTIFICATION TO ATTORNEY GENERAL'S OFFICE		$10.00	$0.00
COPY FEES		$1.00	$0.00
ENDORSEMENT FEES		$0.40	$0.00
	TOTAL FEES		**$0.00**

CERTIFICATION

I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED WERE NECESSARY AND PROPER, AND THAT THE AMOUNTS CLAIMED ARE THOSE ALLOWED BY STATUTE

MARSHAL'S SIGNATURE

DATE

BUSINESS UNIT

GL UNIT	BUDGET REFERENCE	FUND	DEPARTMENT	SID	PROGRAM	ACCOUNT	PROJECT/GRANT	CHARTFIELD 1	CHARTFIELD 2
STATE									