

SPECIAL PUBLIC DEFENDER
INVOICE
COVER SHEET

DATE: _____

NAME OF THE ACCUSED: _____

DOCKET NUMBER(S): _____

PLEASE FILL IN COURT LOCATION

_____ JD	_____
_____ GA	_____
_____ JUVENILE	_____
_____ HABEAS	_____
_____ APPELLATE	_____
_____ PSYCHIATRIC	_____
_____ TSU	_____

NAME OF THE ATTORNEY (Please Print) _____

TELEPHONE # _____

_____ VENDOR INVOICE FOR GOODS AND SERVICES IS ATTACHED

_____ RECEIPTS ATTACHED

_____ TRANSCRIPT INVOICE IS ATTACHED

_____ TRANSCRIPT WAS SHARED

with whom? _____

_____ TRANSCRIPT WAS NOT SHARED

This is to certify that the attached invoice is for expenses incurred in a case on which I have been appointed as Special Public Defender. I have reviewed the invoice and have found that the expenses for the commodities received or the services rendered were necessary and appropriate.

Signature

Date