



OFFICE OF CHIEF PUBLIC DEFENDER

Child Protection

SERVICES/REIMBURSEMENT INVOICE

DOCUMENT DATE	INVOICE AMOUNT	SOCIAL SECURITY NUMBER

VENDOR INFORMATION			
NAME:			TELEPHONE NUMBER
ADDRESS:			FAX NUMBER
CITY:	STATE:	ZIP:	
	CT		

CASE INFORMATION	
COURT TYPE (JD/JUV): <input type="text"/>	COURT LOCATION: <input type="text"/>
IF SUBPOENA NAME OF PERSON SERVED: <input type="text"/>	CASE NAME: <input type="text"/>
ATTORNEY'S NAME WHO MADE THE REQUEST: <input type="text"/>	DOCKET#: <input type="text"/>
NAME/TYPE OF DOCUMENT SERVED: <input type="text"/>	

MILEAGE RECORD				
FROM:	TO:	TOTAL MILES	RATE	AMOUNT
TOTAL MILEAGE:				

OTHER FEES			
DESCRIPTION OF FEE	QTY	UNIT PRICE	AMOUNT
SERVICE			
2ND AND SUBSEQUENT SERVICES - DIFFERENT ADDRESS			
2ND AND SUBSEQUENT SERVICES - SAME ADDRESS			
SERVICE NOTIFICATION TO ATTORNEY GENERAL'S OFFICE			
COPY FEES			
ENDORSEMENT FEES			
PRINTING CHARGES			
FLIGHT			
HOTEL			
RENTAL CAR			
OTHER PLEASE LIST			
TOTAL FEES:			

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 BY STATUTE.

SIGNATURE	DATE