

MONTHLY PAY AS YOU GO
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:

Case Type:

Beginning Svc Date:

Ending Svc Date:

2. ATTORNEY INFORMATION

Name:

OSB Number:

Address:

City:

State:

Zip Code:

E-Mail Address:

Vendor #/EIN:

Phone Number:

(Vendor # provided by OPDS)

3. BILLING INFORMATION

<u>Code</u>	<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount Billed</u>	PDSC Use Only <u>Amount</u> <u>Approved</u>
4662	Contracts - Hourly Attorney			<input type="text"/>	<input type="text"/>
4661	Attorney Out-of-Pocket:				<input type="text"/>
4636	Mileage:			<input type="text"/>	<input type="text"/>
4669	Discovery:				<input type="text"/>
4666	Court Copies:				<input type="text"/>
TOTAL:					<input type="text"/>

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.

Signature:

Date:

E-mail completed form and supporting documentation to: accounts.payable@opds.state.or.us

Submit by E-mail

Or mail to: Office of Public Defense Services

or fax to: (503)378-4463

Attn: Accounts Payable

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