

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: <input type="text"/>	Case Number(s): <input type="text"/>
Case/Client's Name: <input type="text"/>	
Client's Name if Different from Person Above: <input type="text"/>	
Appointment Date: <input type="text"/>	Case Type: <input type="text"/>
Beginning Svc date: <input type="text"/>	Ending Svc Date: <input type="text"/>

2. ATTORNEY INFORMATION

Name: <input type="text"/>	OSB Number: <input type="text"/>	
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
E-Mail Address: <input type="text"/>	Vendor#/EIN: <input type="text"/>	
Phone Number: <input type="text"/>	<small>(Vendor # provided by OPDS)</small>	

3. BILLING INFORMATION

					PDSC Use Only
<u>Code</u>	<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount Billed</u>	<u>Amount Approved</u>
4662	Contracts - Hourly Attorney	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4661	Attorney Out-of-Pocket:			<input type="text"/>	<input type="text"/>
4636	Mileage:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4669	Discovery:			<input type="text"/>	<input type="text"/>
4666	Court Copies:			<input type="text"/>	<input type="text"/>
Total:				<input type="text"/>	<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: <input type="text"/>	Date: <input type="text"/>
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E-mail completed form and supporting documentation to: accounts.payable@opds.state.or.us

Or mail to: Office of Public Defense Services
Attn: Accounts Payable
198 Commercial St SE, Ste 205
Salem, OR 97301

or fax to: (503)378-4463