

TRANSCRIPTIONIST Payment Request

Office of Court Appointed Counsel

CASE INFORMATION:

Case Number _____ Attorney _____

Defendant _____ Judge _____

Number of Co-defendants: _____ Have copies been provided to co-counsel _____

BILLING INFORMATION:

Name _____

Address _____

Phone _____ Fax _____

	<u>Number of pages</u>		<u>Rate</u>	=	<u>Amount</u>
Standard	_____	X	<u>\$2.00</u>	=	_____
Rush	_____	X	<u>\$3.50</u>	=	_____
Spanish	_____	X	<u>\$4.50</u>	=	_____
Spanish (Rush)	_____	X	<u>\$7.50</u>	=	_____
Expenses	_____			=	_____
	_____			=	_____
			Total Claim	=	_____

The statements in the above schedule are true. No compensation for the services described has been received. An accurate itemization of the time and expenses is attached.

Contractor Signature

Date

Attorney Signature

Date

For OCAC use only (Revised 04/28/2014)

Approved: _____

Date _____

Math Checked Bill is within amount approved Necessary Approval and/or Receipts Attached

Case Ongoing Case Closed Disposition: _____ Date: _____