STATE OF CALIFORNIA
CDCR 2129 (REV. 09/08)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Print Form

MONTHLY INVOICE

PAROLE REVOCATION HEARINGS

FOR USE BY BOARD OF PAROLE HEARINGS ONLY	
☐ APPROVED ☐ DISAPPROVED	
☐ APPROVED WITH CHANGES	
SIGNATURE	DATE SIGNED

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME	Department of Corrections and Rehabilitation Division of Adult Parole Operations
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

In accordance with Penal Code Section 4016.5, payment is requested for satisfactory services provided

in the **MONTH** of _____ , 20 _____

Total Hours (or No. of hearings) * _____

Reimbursement rate X $ _____

TOTAL PAYMENT REQUESTED $ _____

CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code Section 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive.

SIGNATURE OF CITY/COUNTY REPRESENTATE:	DATE SIGNED:	SIGNATURE OF DAPO REPRESENTATE:	DATE SIGNED:
(TYPE) NAME AND TITLE:		(TYPE) NAME AND TITLE:	
CONTACT TELEPHONE NUMBER:		CONTACT TELEPHONE NUMBER:	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

* Total hours or number of hearings is obtained from the attached Register of Participation (CDCR 2130) form.