

ATTORNEY INVOICE

Statement of Services Rendered

HEARING DISPOSITION

Scan and send invoice via email to the Accounting Liaison Unit at
BPHAccountingLiaison@cdcr.ca.gov

INMATE: _____
CDCR No: _____
LOCATION: _____
SCHEDULED DATE AND TIME OF HEARING: _____

REIMBURSEMENT RATE	DESCRIPTION OF SERVICES PERFORMED	INITIAL BELOW TO CONFIRM SERVICES PERFORMED
\$25.00	ATTORNEY APPOINTMENT	_____initials
\$50.00	REVIEW OF BOARD PACKET, DECS AND LEGAL RESEARCH	_____initials
\$75.00	CENTRAL-FILE REVIEW	_____initials
\$75.00	CLIENT INTERVIEW DATE: _____	_____initials
\$175.00	PERSONAL APPEARANCE AT THE HEARING	_____initials
\$100.00	EN BANC MEETING: PERSONAL APPEARANCE	_____initials
\$50.00	EN BANC MEETING: WRITTEN SUBMISSION (WITHOUT APPEARANCE)	_____initials

I certify by my initials above that each service was rendered and acknowledge the reimbursement rate represents the maximum compensation which can be received for each type of service. I also certify I am duly licensed to practice before all courts of the State of California and that I am an active member of the State Bar of California.

TOTAL BILLING

ATTORNEY AT LAW (SIGNATURE)	NAME	STATE BAR#	DATE
STREET ADDRESS		<input type="checkbox"/> Change of address	CITY
		STATE	ZIP

DEPARTMENTAL APPROVAL

SIGNATURE	TITLE	DATE
-----------	-------	------