

## ATTORNEY INVOICE

### Statement of Services Rendered

#### HEARING DISPOSITION

Send Invoice to: BOARD OF PAROLE HEARINGS P.O. BOX 4036 SACRAMENTO, CA 95812-4036 Attn: Accounting Liaison Unit	INMATE: _____ CDCR No: _____ LOCATION: _____ SCHEDULED DATE AND TIME OF HEARING: _____
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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	_____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.*

	<b>TOTAL BILLING</b>	
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**\*Please be sure to submit invoice with an original signature, in blue ink.**

ATTORNEY AT LAW (SIGNATURE)*	NAME	S.S. NUMBER#	DATE
		STATE BAR#	
ADDRESS NO. & STREET	<input type="checkbox"/> Change of address	CITY	STATE ZIP

DEPARTMENTAL APPROVAL		
SIGNATURE	TITLE	DATE