

## ATTORNEY INVOICE

### Statement of Services Rendered

#### HEARING DISPOSITION

**Scan and send invoice via email to the Accounting Liaison Unit at:**  
[BPHAccountingLiaison@cdcr.ca.gov](mailto:BPHAccountingLiaison@cdcr.ca.gov)

INMATE: \_\_\_\_\_  
CDCR NUMBER: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
SCHEDULED DATE AND TIME OF HEARING: \_\_\_\_\_

DATE COMPLETED	DESCRIPTION OF SERVICES PERFORMED AND APPLICABLE DURATIONS	INITIAL BELOW TO CONFIRM SERVICES PERFORMED
<b>Date:</b>	CENTRAL-FILE REVIEWED:	<i>initials</i>
<b>Date:</b>	INITIAL HEARING PREPARATION MEETING COMPLETED (Total Time In Hours):	<i>initials</i>
<b>Date:</b>	D.E.C.S. ENTRY COMPLETED:	<i>initials</i>
<b>Date:</b>	ADDITIONAL HEARING PREPARATION MEETING COMPLETED (Total Time In Hours):	<i>Initials</i>
<b>Date:</b>	D.E.C.S. ENTRY COMPLETED:	<i>initials</i>
<b>Date:</b>	HEARING: <i>Check one</i> <input type="checkbox"/> PERSONAL APPEARANCE <b>OR</b> , <input type="checkbox"/> PRE-HEARING ACTION (waiver or postponement)	<i>initials</i>

*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 (SIGNATURE)	NAME	STATE BAR NUMBER	DATE
STREET ADDRESS (If new address, check here <input type="checkbox"/> )		CITY	STATE ZIP CODE

#### DEPARTMENTAL APPROVAL

SIGNATURE	TITLE	DATE
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