



ATTORNEY INVOICE
Statement of Services Rendered

HEARING DISPOSITION

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

SCHEDULED DATE AND TIME OF HEARING:

INMATE LAST NAME:

CDCR NUMBER:

LOCATION:

DATE COMPLETED	DESCRIPTION OF SERVICES PERFORMED AND APPLICABLE DURATIONS	INITIAL BELOW TO CERTIFY SERVICES
Date: <input type="text"/>	CENTRAL-FILE REVIEW COMPLETED	<input type="text"/> initials
Date: <input type="text"/>	First: INITIAL HEARING PREPARATION MEETING COMPLETED (Total Time In Hours): <input type="text"/>	<input type="text"/> initials
Date: <input type="text"/>	DECS ENTRY COMPLETED	<input type="text"/> initials
Date: <input type="text"/>	Second: HEARING PREPARATION W/ CLIENT BEFORE COMPREHENSIVE RISK ASSESSMENT (CRA) INTERVIEW COMPLETED (if applicable)	<input type="text"/> initials
Date: <input type="text"/>	DECS ENTRY COMPLETED (if applicable)	<input type="text"/> initials
Date: <input type="text"/>	Third: SUBSEQUENT HEARING PREPARATION MEETING COMPLETED (Total Time In Hours): <input type="text"/>	<input type="text"/> initials
Date: <input type="text"/>	DECS ENTRY COMPLETED	<input type="text"/> initials
Date: <input type="text"/>	HEARING: Check one <input type="checkbox"/> PRE-HEARING ACTION <input type="checkbox"/> PERSONAL APPEARANCE	<input type="text"/> initials

I certify by my initials above that each service was rendered and I acknowledge the reimbursement rate represents the maximum compensation that can be received for service. I further acknowledge that if after my client's scheduled hearing they are referred for en banc review by the full Board at a monthly executive Board meeting, I shall represent my client at this meeting by timely submitting a written statement and/or addressing the panel in person, by videoconference, or by telephone. I 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 #	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS (if new address, check here)	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BPH APPROVAL

SIGNATURE	TITLE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>