

ATTORNEY INVOICE
Statement of Services Rendered

HEARING DISPOSITION	
<p>Scan and send invoice via email to the Accounting Liaison Unit at: BPHAccountingLiaison@cdcr.ca.gov</p>	<p>SCHEDULED DATE AND TIME OF HEARING: <input style="width: 150px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/></p> <p>LAST NAME: <input style="width: 280px; height: 20px;" type="text"/></p> <p>CDCR NUMBER: <input style="width: 280px; height: 20px;" type="text"/></p> <p>INSTITUTION LOCATION: <input style="width: 280px; height: 20px;" type="text"/></p>

DATE COMPLETED	DESCRIPTION OF SERVICES PERFORMED AND APPLICABLE DURATIONS	INITIAL BELOW TO CERTIFY SERVICES
Date: <input style="width: 80px; height: 20px;" type="text"/>	CENTRAL-FILE REVIEW COMPLETED	<input style="width: 60px; height: 20px;" type="text"/> initials
Date: <input style="width: 80px; height: 20px;" type="text"/> DECS: <input style="width: 80px; height: 20px;" type="text"/>	INITIAL LEGAL VISIT AND DECS ENTRY COMPLETED (Total Time In Hours): <input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/> initials
Date: <input style="width: 80px; height: 20px;" type="text"/> DECS: <input style="width: 80px; height: 20px;" type="text"/>	SECOND LEGAL VISIT AND DECS ENTRY COMPLETED (Total Time In Hours): <input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/> initials
Date: <input style="width: 80px; height: 20px;" type="text"/> DECS: <input style="width: 80px; height: 20px;" type="text"/>	THIRD LEGAL VISIT AND DECS ENTRY COMPLETED (Total Time In Hours): <input style="width: 180px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/> initials
	ADDITIONAL LEGAL VISIT(S): <i>Enter date and total time in hours per visit</i> <input style="width: 180px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/> initials
	My client had a disability impacting their ability to communicate and participate in the parole hearing process, and I satisfied my obligation to accommodate my client's disability, as outlined under D7 of the Panel Attorney Program Guide.	<input style="width: 60px; height: 20px;" type="text"/> initials
Date: <input style="width: 80px; height: 20px;" type="text"/>	HEARING: <i>Check One</i> <input type="checkbox"/> PRE-HEARING ACTION <input type="checkbox"/> PERSONAL APPEARANCE	<input style="width: 60px; height: 20px;" type="text"/> initials

<p>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 each type of 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.</p>	<p>TOTAL BILLING</p> <input style="width: 100%; height: 30px;" type="text"/>
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ATTORNEY (SIGNATURE)	NAME	STATE BAR #	DATE

MAILING ADDRESS <small>(if new address, check here)</small>	CITY	STATE	ZIP CODE

BPH APPROVAL

SIGNATURE	TITLE	DATE