BOARD OF PAROLE HEARINGS
BPH 1076 (REV. 7/2026)

STATE OF CALIFORNIA

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:

LAST NAME:

CDCR NUMBER:

INSTITUTION LOCATION:

DATE COMPLETED	DESCRIPTION OF SERVICES PERFORMED AND APPLICABLE DURATIONS	INITIAL BELOW TO CERTIFY SERVICES
Date:	INITIAL CENTRAL-FILE REVIEW	initials
Date: DECS:	INITIAL LEGAL VISIT AND DECS ENTRY COMPLETED (Total Time In Hours):	initials
Date: DECS:	SECOND LEGAL VISIT AND DECS ENTRY COMPLETED (Total Time In Hours):	initials
Date: DECS:	THIRD LEGAL VISIT AND DECS ENTRY COMPLETED (Total Time In Hours):	initials
	ADDITIONAL LEGAL VISIT(S): *Enter date and total time in hours per visit*	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.	initials
Date:	HEARING: *Check One* PRE-HEARING ACTION PERSONAL APPEARANCE	initials

I certify by my initials above that each service was rendered and I achnowledge the reimburesement 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 statment 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

MAILING ADDRESS *(If new address, check* ☐	CITY	STATE	ZIP CODE

BPH APPROVAL

SIGNATURE TITLE DATE