

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): <i>Enter date and total time in hours per visit</i> 	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: <i>Check One</i> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> PRE-HEARING ACTION <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> PERSONAL APPEARANCE	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 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.		TOTAL BILLING 			
ATTORNEY (SIGNATURE)	NAME	STATE BAR #	DATE		
MAILING ADDRESS <i>(If new address, check)</i>			CITY	STATE	ZIP CODE
BPH APPROVAL					
SIGNATURE		TITLE		DATE	