

EXHIBIT 1.
PUBLIC DEFENSE PROVIDER'S FEE STATEMENT
FOR ATTORNEY FEES AND ROUTINE EXPENSES

(The fee statement for non-routine expenses is included in the preauthorization for such expenses.)

County/Court _____

Case Name _____ Case Number(s) _____

1. APPOINTMENT INFORMATION

Client _____

Appointed Counsel _____ OSB Number _____

Appointment Date _____ Appointment Type _____

Disposition Date _____ Disposition Type _____

2. PROVIDER INFORMATION

Provider's Name _____ Tax ID No. _____

Mailing Address _____ Phone No. _____

3. BILLING INFORMATION

PDSC use only

<u>Code</u>	<u>Description</u>	<u>Hrs (in 0.1) or Quantity</u>	<u>Rate</u>	<u>Amount Billed</u>	<u>Amount Approved</u>
4602	Attorney Fees	_____	_____	\$ _____	\$ _____
4661	Routine Expenses	_____	_____	\$ _____	\$ _____
4636	Mileage	_____	_____	\$ _____	\$ _____
4669	Discovery	_____	_____	\$ _____	\$ _____
4610	Other	_____	_____	\$ _____	\$ _____
				TOTAL \$ _____	\$ _____

I certify that the information above and in the supporting detail is true. I have not received and will not accept direct or indirect compensation for these services other than as approved by PDSC or authorized by contract.

Date _____ Signature _____

Email completed form and supporting documentation to: accounts.payable@opds.state.or.us

Or mail to: Financial Services
Public Defense Services Commission
1175 Court Street NE
Salem, OR 97301

Or fax to: (503) 378-4462

INSTRUCTIONS FOR ATTORNEY FEES AND ROUTINE EXPENSES FORM

You must submit this form to OPDS to request payment, including advances, for fees or expenses to be paid from the Public Defense Services Account. The codes used on this form for appointment type and disposition type are listed after these instructions.

Caption

"Case Name" is the name under which the case was filed. If you represent a parent in a juvenile case, the case name is "IN RE: CHILD'S NAME".

Section 1, Appointment Information

"Client" is the name of the person you represent. For a juvenile case where you represent a parent, fill in the parent's name. The "Appointment Type" is the code which best describes the most serious charge involved in the case. A Measure 11 appointment type will be the most serious charge, even when there are other charges of a higher class. For example, a case has a Class B Measure 11 charge and a non-Measure 11 Class A felony charge. The appointment type code should be "BM11". A list of the appointment types and their ranking follows these instructions.

If counsel represented a client in more than one case and the cases were disposed close in time to each other, counsel should submit one fee statement and supporting documentation for all cases.

Section 2, Provider Information

The "Provider's Name" is the name of the person requesting payment. The "Tax ID No." is the provider's federal tax ID number or social security number if the provider does not have a federal tax ID number.

Section 3, Billing Information

Time should be reported in 0.1 (tenths) of hours. Hourly rates higher than the scheduled rates set forth in the Schedule of Guideline Amounts, Exhibit 3 to this policy, must have been pre-approved by OPDS. OPDS will complete the "Amount Approved" column.

Case expenses fall into one of the four categories listed under "Attorney Fees". Those expenses not itemized in this section are generally "Routine Expenses" expenses which can be grouped and entered as one dollar amount. A breakdown of the items included in the routine expense category should be shown in the provider's backup documentation with a cost per unit where applicable (e.g., 20 copies at 5 cents each). If the cost of an item or service is higher than the guideline amount, the provider should attach an explanation to justify a higher cost. Original receipts, or a copy of a cancelled check must be submitted to support the claim for reimbursement of services or goods provided as required by the policy.

*Non-Routine Expenses - OPDS **MUST** PREAUTHORIZE NON-ROUTINE EXPENSES. Descriptions of non-routine expenses can be found in the PDPPP. Requests for payment of preauthorized non-routine expenses must be made by submitting the Non-Routine Expense Preauthorization and Fee Statement form which is generated when OPDS preauthorizes the expense.*

Certification

The provider must sign and date the certification section. Fee statements that are not signed or dated will be returned to the provider and not processed.

Submission to OPDS

Completed fee statements including original receipts may be submitted in three ways; 1) email to accounts.payable@opds.state.or.us, 2) fax to 503-378-4462, or 3) mail to Financial Services, Public Defense Services Commission, 1175 Court Street NE, Salem OR 97301