

**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.)

1. CASE & APPOINTMENT INFORMATION

County/Court _____ Case Number(s) _____
 Case/Client's Name _____
 Client's Name if Different from Person Above _____
 Appointment Date _____ Appointment Type _____
 Disposition Date _____ Disposition Type _____

2. ATTORNEY INFORMATION

Name _____ OSB Number _____
 Address _____ Tax ID No. _____
 _____ Phone No. _____

3. BILLING INFORMATION

<u>Code</u>	<u>Description</u>	<u>Hrs (in 0.1) or Quantity</u>	<u>Rate</u>	<u>Amount Billed</u>	PDSC use only <u>Amount Approved</u>
4602	Attorney Fees	_____	_____	\$ _____	\$ _____
4601	Attorney Out-of-Pocket	_____	_____	\$ _____	\$ _____
4636	Mileage	_____	_____	\$ _____	\$ _____
4609	Discovery	_____	_____	\$ _____	\$ _____
4610	Other	_____	_____	\$ _____	\$ _____
			TOTAL	\$ _____	\$ _____

I certify that the information above 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 _____

Send completed form and supporting documentation to: Accounts Payable
 Public Defense Services Commission
 1175 Court Street NE
 Salem, OR 97301