# 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: _____ Case Type: _____

Beginning Svc date: _____ Ending Svc Date: _____

## 2. ATTORNEY INFORMATION

Name: _____ OSB Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Vendor#/EIN: _____

*(Vendor # provided by OPDS)*

Phone Number: _____

## 3. BILLING INFORMATION

| Code | Description | Hours | Rate | Amount Billed | PDSC Use Only Amount Approved |
|---|---|---|---|---|---|
| 4602 | Attorney Fees: | | | | |
| 4661 | Attorney Out-of-Pocket: | | | | |
| 4636 | Mileage: | | | | |
| 4669 | Discovery: | | | | |
| 4666 | Court Copies: | | | | |
| | | | 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.

Signature: _____ Date: _____

E-mail completed form and supporting documentation to: accounts.payable@opds.state.or.us

Or mail to: Office of Public Defense Services
Attn: Accounts Payable
198 Commercial St SE, Ste 205
Salem, OR 97301

or fax to: (503)378-4463