

“Interview/Deposition” Billing Form
(ORS 656.262(14)(a); OAR 438-015-0033)

To: _____
(Insurer, Self-Insured Employer, Claim Administrator)

Claimant: _____

Claim No: _____

*(Attach a copy of the Executed
Retainer Agreement, unless
previously provided.)*

Date of Injury: _____

Date of Interview/ Deposition	Actual Time Spent During Interview/ Deposition	Reasonable Hourly Rate	Total
		@ \$485 hr.	\$

I hereby confirm that the above time was actually spent by me during a personal or telephonic interview or deposition conducted under ORS 656.262(14)(a).

(Claimant’s Attorney Signature)

(Date)

(Printed Name of Claimant’s Attorney)

(Address)

(Phone)

Billing form must be submitted to carrier within 30 days of completion of the interview or deposition. OAR 438-015-0033(3).

Unless a hearing request is filed within 30 days of the carrier’s receipt of this bill, payment must be made within that 30-day period. OAR 438-015-0033(5).