

# Public Defense Services Commission Juvenile Appellate Panel Fee Statement

Confidential

Not to be released outside PDSC/Public Defense Providers Absent Authorization by PDSC.

Client:  Court of Appeals Case No:

Appointment Date:  Transcript Length:

**Attorney Fee For:**

- |   |  |
|---|--|
| <input type="checkbox"/> Dependency: Juris. hrng., Adj. PH changing plan away from reunif., or Mot. to term. wardship<br><br><input type="checkbox"/> Dependency: All Other | <input type="checkbox"/> Termination: Contested TPR<br><br><input type="checkbox"/> Termination: Motion to set aside prima facie TPR<br><br><input type="checkbox"/> Case-by-case basis assessment requested |
|---|--|

ORIGINAL ITEMIZED RECEIPTS must be submitted with the fee statement in order to receive reimbursement for certain expenses.  
Credit card receipts showing only the total amount charged will not be accepted. See Payment Policy.

**FEE STATEMENT - COMPLETE THE PORTION BELOW AND SUBMIT ENTIRE FORM TOGETHER WITH A REDACTED ELECTRONIC VERSION OF THE FILED BRIEF OR ORDER OF DISMISSAL TO:**  
accounts.payable@opds.state.or.us

Please check one:

- I have filed the opening brief.  
 The case was dismissed.

Date of Filing:  Vendor Number:

Attorney:  Phone Number:

Address:

City:  State:  Zip Code:

E-Mail address:

Code	Description	Quantity	Rate	Amount Billed	PDSC Use Only PDSC Approved:
4602	Attorney Fee			<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
4636	Mileage	<input style="width: 80px; height: 25px;" type="text"/>			
4661	Attorney Out-of-Pocket - Please Describe: <input style="width: 200px; height: 35px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>			
	Attorney Out-of-Pocket - Please Describe: <input style="width: 200px; height: 35px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>			
	Attorney Out-of-Pocket - Please Describe: <input style="width: 200px; height: 35px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>			

Total reimbursement:

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:

Approved:  Date: