

**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:

City: State: Zip Code:

E-Mail Address: Vendor Number:

Phone Number:

3. BILLING INFORMATION

<u>Code</u>	<u>Description</u>	<u>Hrs (in 0.1) or Quantity</u>	<u>Rate</u>	<u>Amount Billed</u>	<u>PDSC Use Only Amount Approved</u>
4602	Attorney Fees:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4661	Attorney Out-of-Pocket:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4636	Mileage:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4669	Discovery:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4610	Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:				<input type="text"/>	<input type="text"/>

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: Public Defense Services Commission or fax to: (503)378-4463
1175 Court Street NE
Salem, Oregon 97301