

SERVICE PROVIDER'S CERTIFICATION OF SERVICE

CASE INFORMATION

Case Number: _____

Defendant: _____

SERVICE PROVIDER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Attorney Name: _____

VOUCHER SERVICE PERIOD

Start Date: _____ End Date: _____

SERVICES & EXPENSES

Compensation _____

Miles Driven _____

Mileage Rate _____

Total Mileage** _____

Travel Expenses* _____

Other Expenses _____

Total Expenses _____

Total Compensation & Expenses _____

INITIAL EACH OF THE TWO STATEMENTS BELOW:

_____ I hereby certify that the above claim is for services rendered and is true and correct.

_____ I have not received payment (compensation or anything of value) from any other source for these services.

Signature (wet or electronic)

Date

* "Travel Expenses" include lodging, parking, tolls, etc.

** This form cannot be processed without a signature. Signature may be wet or electronic.