**SAMPLE MULTIPLE CASE (STACKED) INDIGENT DEFENSE INVOICE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DC Case #** | **CC Case #** | **Case Type** | **Court#** | **Client Name** | **Assigned Date** | **Interview Date** | **In-Custody?** |
|   |   |   |   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Summary (Time or Expense)** | **Hours** | **Rate** | **Billed** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |   |   |   |   |
|  |  | **CASE TOTAL** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DC Case #** | **CC Case #** | **Case Type** | **Court#** | **Client Name** | **Assigned Date** | **Interview Date** | **In-Custody?** |
|   |   |   |   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Summary (Time or Expense)** | **Hours** | **Rate** | **Billed** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  |  |  |
|  |  | **CASE TOTAL** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DC Case #** | **CC Case #** | **Case Type** | **Court#** | **Client Name** | **Assigned Date** | **Interview Date** | **In-Custody?** |
|   |   |   |   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Summary (Time or Expense)** | **Hours** | **Rate** | **Billed** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |   |   |   |   |
|  |  |  |  |  |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  | **CASE TOTAL** |  |

|  |  |
| --- | --- |
| **INVOICE TOTAL** |  |

I declare that I have examined this invoice and accompanying documents, and to the best of my knowledge and belief, they are true, correct, and accurately list all services provided during the course of this billing period. Declaration of preparer (other than assigned attorney) is based on all information of which preparer has any knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Attorney Name and P# |  | Signature | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Review Date | Initials | Fund Code | Amount Paid |

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Administrator Signature |