

APPOINTMENT VERIFICATION AND CLAIM FORM

Pinal County Superior Court Administration

Case Title: _____

Under Seal

Appointment Date: _____

JP Court #: _____

Case#: _____

Billing Name/Address: _____

1st year 2nd year

THIS FORM **MUST** BE ACCOMPANIED BY A DETAILED STATEMENT OF SERVICES RENDERED
AND PROOF OF APPOINTMENT

Invoice Amount	Legal Services		Invoice Amount	Other Fees
	Attorney Fees (check all that apply)			Arbitrator
	<input type="checkbox"/> DOC			Court Reporter
	<input type="checkbox"/> Appeal			Court Visitor
	<input type="checkbox"/> PCR			Drug Testing
	<input type="checkbox"/> Attorney/Child			Expert Witness
	<input type="checkbox"/> Attorney/Mother			Interpreter
	<input type="checkbox"/> Attorney/Father			Investigator (PI)
	<input type="checkbox"/> Attorney/Victim			Mediator
	<input type="checkbox"/> Attorney/Other			Mitigation Expert
	Guardian ad Litem (GAL)			Process Servers
	<input type="checkbox"/> Child			Publications
	<input type="checkbox"/> Other:			Transcript
	Best Interest Attorney (BIA)			Other:
	<input type="checkbox"/> GC Case			Treatment:
	<input type="checkbox"/> PB Case			<input type="checkbox"/> Psychiatric
	<input type="checkbox"/> DO Case			<input type="checkbox"/> Medical
	Other Attorney Costs			<input type="checkbox"/> Other
\$	-			
	Total Amount			

By my signature below I declare that I have reviewed my/our records, and to the best of my knowledge have no conflict with the defendant or associated parties in this case. FURTHER, I hereby certify that this statement is a true and accurate account due to me for the services performed for the Courts in Pinal County.

Date

Original Signature

Do NOT write below this line - For Court Personnel Only

Invoice no. _____ 1st year 2nd year 3rd year Billing from: ___/___/___ to: ___/___/___

APPROVAL OF CLAIMED INDEBTMENT: Pinal County is hereby authorized and directed to pay

\$0.00 _____ to _____

fore services rendered to the Court of Pinal County.

Date

Authorized Signature