

County of Imperial Investigator Request for Fees

Please electronically submit this bill and all attachments to countycounsel@co.imperial.ca.us.

BILLING PARTY

NAME:

ADDRESS:

PHONE:

EMAIL:

SOCIAL SECURITY/TAX ID#:

BILLING MONTH: _____

NON-STATE PRISON CASES

Case Name	Case #	Attorney Assigned to Case	Unused Hours to Date	Total Hours Billed this Invoice	Total Hours Remaining	Activity Code	Per Hour Total \$	Mileage / Other Expenses \$	Total this Bill \$	Amt Paid to Date \$
TOTAL										

TOTAL REQUEST FOR FEES FOR THIS BILLING MONTH: _____

DATED

INVESTIGATOR

DATED

REVIEWED AND APPROVED BY APPOINTED INDIGENT DEFENSE ATTORNEY