

County of Imperial Investigator Request for Fees

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

BILLING PARTY

BILLING MONTH: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SOCIAL SECURITY/TAX ID#: _____

STATE PRISON CASES

Case Name	CDC #	Case #	Prison CAL/ CEN	Charges	Billing Rate	Total Hrs Billed This Month	Other Expenses	Total Bill	Amt Paid to Date on this Case
TOTAL									

TOTAL REQUEST FOR FEES FOR THIS BILLING MONTH: _____

DATED

INVESTIGATOR

DATED

REVIEWED AND APPROVED BY APPOINTED INDIGENT DEFENSE COUNSEL