

CONFLICT ATTORNEY CLAIM FORM

Account # 001-008-594-00 (Misc. Court Costs)

Date: **DUE DATE:** 30 days from filed date at bottom

PAYEE:

Address:

Attached Court Order and documentation for:

CASE #

DATES OF SERVICE:

AMOUNT:

TOTAL DUE:

Under penalties of perjury, I hereby certify that this bill is not a duplicate request.

File Stamp:

Attorney's Signature

Approved for payment:

Treasurer _____

County Clerk _____

Exec. Asst. _____

Released/date & check number:
