**Benton County Office of Public Defense**
Claim for Compensation
**Attorney / Vendor Services**

**1. Name of Service Provider** (payment issued to)

**2. Attorney of Record** (printed name)

**3. Case Full Name** (Last, First)

**4. Court** (Jurisdiction)

- ☐ **District**
- ☐ **Superior**
- ☐ **Juvenile**

**5. Case Number**

☐ **Homicide**

**6. Type of Service**

- ☐ Homicide Case
- ☐ Persistent Offender Case
- ☐ By-the-Case
- ☐ Arraignment Docket
  (specify dates on invoice)
- ☐ Trial per diem
  (specify dates on invoice)
- ☐ RALJ Appeal
- ☐ Other
  (specify on invoice)

**7. Amount Authorized**

**$**

**8. Amount previously paid**

**$**

**9. Amount requested**

**$**

Office Use Only

**Over Maximum Amount Authorized**

**$** _____

**Approval**

_____

**Authorized signature**

I hereby certify under penalty of perjury as provided for by the laws of the State of Washington that:
- the services described above were rendered by the organization referenced above and on behalf of the stated defendant
- the amount being requested has not been paid to the service provider from any other source
- the **attached detailed invoice** is true and accurate to the best of my knowledge

_____ _____
(Signature) Attorney of Record *or* Service Provider Date

| **OPD Approval** | | **Amount:** | |
|---|---|---|---|
| Authorized signature | Date | Counter Signature (Claims $10,000 and over) | Date |
| | | | |

BENTON COUNTY WA
Office of Public Defense