

INVOICE

REMIT TO:

DATE:

TELEPHONE NO.: _____

SOC. SECURITY NO./EMPLOYER ID: _____
NO. (Office use only)

INVOICE

PAYMENT OF COURT ORDERED FEE FOR:

_____ COURT EVALUATOR
_____ GUARDIAN
_____ GUARDIAN AD LITEM
_____ STENOGRAPHER

CASE NAME: _____

INDEX NO.: _____

AMOUNT DUE: \$ _____

OF PAYMENTS: 1

VERIFICATION

CASE NAME: _____

INDEX NO.: _____

TYPE OF SERVICES RENDERED:

_____ COURT EVALUATOR

_____ STENOGRAPHIC SERVICES

_____ GUARDIAN

_____ OTHER: _____

COUNTY: _____

DATE JUDGMENT SIGNED: _____

NAME OF GUARDIAN/COURT EVALUATOR/STENOGRAPHER:
(Person to whom check should be made payable.)

MAILING ADDRESS OF STENOGRAPHER, GUARDIAN, COURT EVALUATOR

CERTIFICATION

THIS CERTIFIES THAT THE ABOVE SERVICES HAVE BEEN RENDERED OR
RETAINED AS PER COURT ORDER.

DATE: _____

COURT PAYMENT LIAISON
OFFICE OF LEGAL AFFAIRS