STANDARD INVOICE FOR LEGAL SERVICES

Invoice Date: _____ Department/Agency: _____

Style of Case: _____ v. _____

Court: _____ Assigned Judge: _____

Case Number: _____

Name of Law Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Attorney: _____

Business Phone: ( ) _____ Taxpayer ID#: _____

E-mail Address: _____

Date Appointed Deputy Attorney General: _____

(Note: A copy of appointment letter must be attached to invoice.)

Authorized Maximum Amount for Services: $ _____

Total Amount of Previously Billed Services: $ _____

Total Amount of Previously Paid Services: $ _____

Current Services (As Itemized in Detail on Attached Documents):

Attorney - In and Out of Court Total Hours _____ @ $ _____ Per hour $ 0.00

Attorney Travel Total Hours _____ @ $ _____ Per hour $ 0.00
(NOTE: travel time is the greater of one-half the hourly rate or $85 per hour.)

Non-Attorney Services for Firm $ _____

Non-Attorney Services (experts, court reporters, etc.) $ _____
Must attach proof of payment.

Total Amount Due for Current Services $ _____

Expenses Total $ _____

Total Amount Due For Current Services and Expenses **$** 0.00

State of _____

_____ County

AFFIDAVIT

Before me, the undersigned Notary Public, in and for the said County and State, personally appeared the undersigned affiant, who is known to me and after first being duly sworn by me deposes and states under oath of as follows: that the claims for payment herewith made against the State of Alabama reflect actual services performed and/or expenses for the State of Alabama and are in all respects true, correct, and due.

_____
Signature of Affiant

Sworn to and subscribed before me this _____ day of _____ 20 _____

_____ My Commission expires: _____
Notary Public Signature

REVIEW: _____ APPROVAL: _____
Managing Attorney Signature Department Head Signature