



WASHINGTON STATE
OFFICE OF PUBLIC DEFENSE
Appellate Program

Invoice of
Counsel for Indigent Party

Invoice Date: _____

Counsel Information (Check is payable to...)

Firm Name: _____
 Attorney Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ SWV No: _____
 Contact Name: _____ Email Address: _____

FOR OPD USE ONLY

Ref Doc = **CONTINGS-XX (FY)**
 Obj/SSObj = **NB0004**
 Invoice = **Case #**

Case Information

Case Name: _____ COA No.: _____
 County: _____ Date Notice of Appeal Filed: _____

Invoice (Mark the box for the event being invoiced. Bill within 60 days of each event.)

Check Event <input type="checkbox"/>	<p>Assignment</p> <p>Case Type: _____ Representing: _____ _____ Dependency/Termination _____ Appellant _____ RCW 71.09 (SVP) _____ Respondent _____ Other Assignment Fee: \$1, 070.00 _____ Criminal</p>
<input type="checkbox"/>	<p>Brief <i>Electronic copy of brief must accompany invoice.</i></p> <p>Brief file date: _____ Anders Brief: Yes _____ No _____ Total hours to date: _____ VRP: No. of Total Pages: _____ Brief Fee: amount varies, see fee schedule Were you sanctioned? Yes _____ No _____</p>
<input type="checkbox"/>	<p>Closing Closing date: _____ Hours from brief to closing _____ Closing Fee: \$225.00</p>

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

By _____
 Signature

 Date

 Place of Signing

Return form to:
 Michele Young, Fiscal and Budget Manager
 Washington State Office of Public Defense
 Email- Michele.Young@opd.wa.gov
Questions:
 Call (360) 586-3164 ext. 101

FOR OPD USE ONLY By: _____ | _____
 Approval Date: _____ | _____