



WASHINGTON STATE
OFFICE OF PUBLIC DEFENSE
Appellate Program

Invoice of
Counsel for Indigent Party

Counsel Information (Check is payable to...)		FOR OPD USE ONLY
Firm Name:	_____	
Attorney Name:	_____	
Address:	_____	
City:	_____ State: _____ Zip: _____	
Phone:	_____ SWV No: _____	
Contract No.:	_____ Email Address: _____	

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

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

Email form to:
appellate-invoices@opd.wa.gov

FOR OPD USE ONLY

Approval

By: _____ | _____

Date: _____ | _____