

Attorney name \_\_\_\_\_

Review Hearings: \_\_\_\_\_  
Month/Year

Standard Fee: \$50 per case

Vendor ID \_\_\_\_\_

**VOUCHERS REQUIRED TO BE SUBMITTED WITHIN 60 DAYS FROM COMPLETION OF LEGAL SERVICES**

Case Name	Case Number and Type (NA or DL)	Petition Number	Party Represented	Hearing Date	Fee

I hereby certify that I performed the services for which fees are requested and that I have not received compensation from any other source. I declare that the information set forth herein is truthful under penalty of perjury.

Signed Name \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_