

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 _____