## SUPERIOR COURT OF THE STATE OF CALIFORNIA <br> COUNTY OF NEVADA <br> Appointed Counsel and Expert Invoice

Complete this invoice coversheet for the appointing judicial officer and attach client invoices to request payment for appointed conflict counsel fees or appointed expert fees. Please Note: Pursuant to the court's payment policy, this form is due no less than quarterly on April 1, July 1, October 1, and January 1 or the preceding business day for all services rendered in the quarter. The court has the option of reducing payment by $5 \%$ per month if invoiced late.


| Invoice Number | Case Number | Tier | Charge* | Hours | Not-To- <br> Exceed** | Remaining <br> NTE*** | Amount |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

* Indicate the charge used for tier determination. If the charge level is reduced, use a new line on the invoice and adjust billing as of the date of reduction.
** List Not to Exceed amount ordered.
*** List Remaining Not to Exceed amount including the current invoice.
The undersigned, under penalty of perjury, states that the above claim and the items therein set out are true and correct that no part thereof has been paid, that the amount therein is justly due, and that the same is presented pursuant to the court's payment policy.

Invoices for appointed expert fees only:
Date:___ By:_ Date: ${ }^{\text {Signature of Claimant }} \quad$ By: $\quad$ Signature of Approving Attorney

Court Use Only: Once approved by the court, this invoice coversheet shall serve as a court order to issue payment for services rendered and accepted.
Ordered by: $\qquad$ Title: $\qquad$ Date:
APPOINTED COUNSEL AND EXPERT INVOICE
LOCAL ADMIN3 (REVISED 07/01/2024) - OPTIONAL FORM
PAGE 1 of 1

