SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF NEVADA

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.

Vendor Name:			Vendor Number:		Invoice Date:		
Vendor Address:							
Street			City	State	Zip		
Check all that apply: Invoice for Conflict Counsel Attach one invoice per client.			Invoice for Appointed Expert Attach Expert invoice and Court Order.		☐ Homicide Case		
Invoice Number	Case Number	Tier	Charge*	Hours	Not-To- Exceed**	Remaining NTE***	Amount
					TD 4	1 4 1 1 1	
* Indicate the charge used for tier determination. If the charge level is re			and use a new line on the invoice a	Total Amount Billed:			
** List Not to Exceed amo		C	eed, use a new fine on the invoice a	nd adjust onling as	of the date of reduction.	•	
			ove claim and the items there arsuant to the court's paymen		ue and correct that	no part thereof has b	peen paid, that the
			-	ppointed expert fees			
Date:	By:	g' cgi	Date:		By:		
	,	Signature of Claima	of Claimant		S	ignature of Approving A	ttorney
Court Use Only: Once	approved by the court, this	s invoice covershee	et shall serve as a court order to	issue payment for	services rendered an	d accepted.	
Ordered by:			Title:		D	Oate:	