STANISLAUS COUNTY SUPERIOR COURT
FORENSIC EVALUATION CLAIM FORM

Claimant: _____ Date: _____

Address: _____

Forensic Evaluation Services

Invoice Number

First Case No: ____ - ____ - _____

Add'l Case No's: _____

Case Name: _____
Last Name First Name

Date of Exam: _____

Amount Billed

Hearing Date: _____

Report Requested By:

☐ Public Defender ☐ Appointed Counsel ☐ Retained Counsel
☐ District Attorney ☐ Court ☐ Other (Specify) _____

Appointed Under Code Section:

☐ PC 1368/1369 ☐ PC 457 ☐ FC 7820/7827
☐ PC 1026/1027 ☐ EC 1017 ☐ Other (Specify) _____
☐ W&I 709 ☐ PC 288.1

Location:

☐ Videoconference ☐ Office
☐ Jail ☐ Other (Specify) _____

Other:

☐ Testimony: _____ Hrs. ☐ Trial Preparation (4 Hrs Max)
☐ Office Standby: _____ Hrs. ☐ Extraordinary Costs (Must Be Pre-Approved)
☐ No Show ☐ Refused ☐ Mlg/Other _____

Appointed By: Judge: _____ Dept #: _____

I HEREBY CERTIFY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part hereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

_____
Claimant Signature

(Court Clerical Use Only) Report Filed: _____ _____
Date Initials

CLAIMANT DO NOT WRITE IN THE SPACED BELOW THIS LINE

SAP CODING STRIP

SAP DOCUMENT NUMBER	FUND	PLANT

VENDOR NUMBER: _____

	COST CENTER	PECT	G/L ACCOUNT	AMOUNT
LINE 1				

_____
Authorized Court Signature