STATE OF MONTANA

OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form
APPELLATE CASES

Name of Claimant _____ Vendor ID # _____

Contract attorneys must attach an itemized invoice to this summary form. The invoice must detail services by assigned OPD client number and document dates, time spent, rate of pay, and a description of the activity. Attach a copy of the pre-approval notice for any pre-approved costs. OPD client numbers are assigned by the Appellate Office. Separate summary forms must be prepared for non-appellate cases. All travel expenses reported on this claim are to be detailed on a travel expense voucher form by case number and attached to this claim form. Monthly office expense stipends are to be listed as the last line item on the form. Claimant must submit a monthly claim by the 10th of the month following the month in which costs were incurred. Please note all cases that you have closed (C) or that are inactive (I) on this form, whether or not you are billing for this period. **Submit this claim to Office of the Appellate Defender, P.O. Box 200147, Helena, MT 59620-0147. Please mail the original. We cannot accept faxes.**

Month of Service _____

Note: Claims submitted more than 45 days from the last day of the month of service ***will be denied.***

Client Name	OPD-Assigned Case ID #	Closed (C) or Inactive (I) Case?	Hours Worked	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS						

The undersigned Counsel certifies that the cases listed, expenses claimed and the times reported are true and accurat

_____ _____

Attorney's Signature/Date of Submission Appellate Defender's Approval/Date Approved

Signatures above certify that all costs in excess of $200 have been pre-approved.

OPD 0209CAA