

*Mitigation Expert Contract (05075-ROQ)
Invoice in Support of Request for Warrant*

<i>Payee:</i>	<i>Date Submitted:</i>
<i>Remittance Address:</i>	<i>Vendor ID:</i>
<i>Invoice Number:</i> <small>(If you do not supply one OPDS will at time of payment)</small>	<i>Final Invoice</i> <input type="checkbox"/>

Maricopa County can not consider any claim unless submitted within six (6) months after the account accrues. Arizona Revised Statute §11-622.

<i>Date of Appointment</i>	<i>Attach OPDS Appointment Sheet</i>	<i>Dollar Amount</i>
<p>_____</p> <p style="text-align: center;"><i>Hours-To-Date On this Case</i></p> <p>_____</p>	<p><i>Case Number:</i> _____</p> <p><i>Case Name:</i> _____</p> <p><i>Lead Counsel:</i> _____</p> <p><input type="checkbox"/> <i>Billable Hours:</i></p> <p style="margin-left: 40px;"><i>Time prior to April 1, 2007</i> <i>\$40.00/hr.</i></p> <p style="margin-left: 40px;"><i>Time on/after April 1, 2007</i> <i>\$55.00/hr.</i></p> <p style="margin-left: 40px;">_____ X \$40.00 = _____</p> <p style="margin-left: 40px;"><i># Hours</i> <i>\$55.00</i> <i>Total</i></p> <p><input type="checkbox"/> <i>Extraordinary Compensation</i> <i>\$</i> _____ <small><i>(Department approval required)</i></small></p> <p><input type="checkbox"/> <i>Other Expenses</i> <i>\$</i> _____</p> <p style="color: red; font-weight: bold; margin-top: 10px;"><i>Mitigation Experts are to submit their invoices at the end of each month.,</i></p> <p style="color: red; font-weight: bold; margin-top: 10px;"><i>Lead Counsel must sign-off on all Mitigation Expert Requests for Warrant prior to submission to OPDS.</i></p> <p>_____</p> <p><i>Lead Counsel Signature</i> <i>Date</i></p>	<p style="text-align: right;">\$</p>

*Mail to: Office of Public Defense Services
620 W. Jackson Street, Suite 3077
Phoenix, AZ. 85003*

I do solemnly swear that the accompanying is a just statement of account against Maricopa County; that the work and labor specified therein have been performed; that the services stated therein have been rendered; that the expenses set forth therein have been incurred; that the same has not been paid and that no claim against Maricopa County has before been made previously.

Payee Signature: _____ *(Date)* _____

Approval by OPDS _____

Maricopa County Office of Public Defense Services