

*Adult Special Advocacy Contract (07019-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> <i>(If you do not supply one OPDS will at time of payment)</i>	<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>
_____	<i>Case Number:</i> _____ <i>Case Name:</i> _____ <input type="checkbox"/> <i>GAL in Criminal:</i> <i>Assigned between 07/01/2007 thru 06/30/2010</i> \$250.00 <input type="checkbox"/> <i>GAL in Civil:</i> <i>Assigned between 07/01/2007 thru 06/30/2010</i> \$250.00 <input type="checkbox"/> <i>GAL in Probate:</i> <i>Assigned between 07/01/2007 thru 06/30/2010</i> \$1500.00 <input type="checkbox"/> <i>Family Court:</i> <i>Assigned between 07/01/2007 thru 06/30/2010</i> \$2500.00 <input type="checkbox"/> <i>Extraordinary Compensation</i> \$ _____ <i>(Department approval required)</i> <input type="checkbox"/> <i>Other Expenses</i> \$ _____	
<i>Hours-To-Date On this Case</i>		\$

*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*