

*Expert Witness
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>						
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <p style="text-align: center; font-size: small;"><i>Hours-To-Date On this Case</i></p>	<p><i>Case Number:</i> _____</p> <p><i>Case Name:</i> _____</p> <p><i>Counsel:</i> _____</p> <p><input type="checkbox"/> <i>Billable Hours:</i></p> <p style="text-align: center; font-size: small;"> _____ X _____ = _____ <i># Hours Hourly Rate Total</i> </p> <p><input type="checkbox"/> <i>Extraordinary Compensation</i> \$ _____ <small>(Department approval required)</small></p> <p><input type="checkbox"/> <i>Other Expenses</i> \$ _____</p> <p style="color: red; font-weight: bold; font-size: small;"> <i>Prior to payment, Expert Witness must become a registered vendor with Maricopa County. To register as a vendor please visit www.maricopa.gov/materials. For registration assistance please call Materials Management at (602)506-3011</i> </p> <p style="color: red; font-weight: bold; font-size: small;"> <i>Additionally, all Expert Witness requests for warrant must accompany an itemized statement of hours broken down as follows:</i> </p> <table style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="text-align: center; border-bottom: 1px solid red; width: 30%;"><i>Date of Service</i></td> <td style="text-align: center; border-bottom: 1px solid red; width: 40%;"><i>Description of Service</i></td> <td style="text-align: center; border-bottom: 1px solid red; width: 30%;"><i>Hours (in tenths)</i></td> </tr> <tr> <td style="border-bottom: 1px solid red;"> </td> <td style="border-bottom: 1px solid red;"> </td> <td style="border-bottom: 1px solid red;"> </td> </tr> </table>	<i>Date of Service</i>	<i>Description of Service</i>	<i>Hours (in tenths)</i>				\$ _____
<i>Date of Service</i>	<i>Description of Service</i>	<i>Hours (in tenths)</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