

STATE OF MONTANA
 OFFICE OF THE STATE PUBLIC DEFENDER
**MISCELLANEOUS CLAIM FOR SERVICES
 CONFLICT CASES**

Name of Claimant _____

Vendor ID # _____

Service Provided:

- Expert Witness
- Transcripts/Depositions
- Investigator
- Interpreter
- Polygraph/DNA Testing
- Other (**MUST** Specify) _____

Claimant 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 Regional Office. Separate summary forms must be prepared for non-conflict and appellate cases. The attorney requesting your services can direct you to the appropriate form. 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. Claimant must submit a monthly claim by the 10th of the month following the month in which costs were incurred. **Submit this claim to the Conflict Coordinator, P.O. Box 200145, Helena MT 59620-0145. Please mail the original. We cannot accept faxes.**

Month of Service _____

Billing for Region _____

Client Name	OPD-Assigned Case ID #	Attorney's Name	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS			-	-	-

The undersigned claimant certifies that the cases listed, expenses claimed and the times reported are true and accurate.

 Claimant's Signature/Date of Submission

 Conflict Coordinator's Approval/Date of Approval

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