INDIGENT DEFENSE MISCELLANEOUS FEE CLAIM FORM

1. CHECK THE BOX INDICATING THE TYPE OF CLAIM:

☐ INTERPRETER: (LANGUAGE) Zulu

☐ CERTIFIED SHORTHAND REPORTER

☐ EVALUATION : ☐ Psychiatrist ☐ Psychologist

☐ EXPERT WITNESS: (EXPERTISE) Witness Identification

☐ INVESTIGATOR

☐ SHERIFF FEES/SUBPOENAS

☐ OTHER (EXPLAIN):

2. CASE INFORMATION:

COUNTY: Wright	COURT NUMBER(s):

COURT APPOINTED ATTORNEY:

CLIENT FULL NAME:

JUVENILE CASES ONLY:

Enter LAST name of child/children of interest in the case: _____

Attorney represents: ☐ Juvenile ☐ Parent ☐ Other: _____

3. CLAIM INFORMATION:

CERTIFIED SHORTHAND REPORTER: DATE ORDERED 00 / 00 / 0000 DATE DELIVERED 00 / 00 / 0000

ALL OTHER CLAIM TYPES: DATE SERVICES BEGAN 00 / 00 / 0000 DATE SERVICES ENDED 00 / 00 / 0000

CLAIM TOTAL: $ 0.00	ARE YOU A STATE EMPLOYEE? ☐ YES ☐ NO

4. CERTIFICATION: I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

DATE:	SIGNATURE:	FIRST NAME:	LAST NAME:
00 / 00 / 0000			

5. MAKE PAYMENT TO: ☐ **Change of Information**

NAME:	SSN / FEDERAL ID NUMBER:	FAX NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
		Iowa	
E-MAIL ADDRESS:			
TELEPHONE NUMBER:	APPROVED FOR PAYMENT:	AMOUNT APPROVED (if changed):	
	_____ State Public Defender		

SUBMIT COMPLETE FORM WITH ATTACHMENTS AS SPECIFIED IN INSTRUCTIONS TO:
State Public Defender, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0087

Revised 11/2006