JUVENILE CLAIM FORM

1. COUNTY:	2. COURT NUMBER:	3. ORDER TO EXCEED:
Wright		☐ Yes ☐ No

4. CLIENT FIRST NAME:	5. CLIENT LAST NAME:	6. CASE NAME:

7. DATE OF APPOINTMENT:	8. REPRESENTING:	9. DATE OF SERVICE:
00 / 00 / 0000	☐ JUVENILE ☐ PARENT ☐ OTHER _____	00 / 00 / 0000

10. REPRESENTED CLIENT IN JUVENILE COURT FOR:

☐ CINA ☐ Termination ☐ Commitment ☐ Judicial Bypass ☐ Delinquency ☐ Other _____

11. IOWA CODE SECTION(S):	12. DATE OF LAST WORK:
	00 / 00 / 0000

13. CLAIM SUMMARY:		Dollar Amount:
14. Attorney Out of Court Hours:	0.0	
15. Attorney In Court Hours:	0.0	
16. Total Attorney Hours:		
17. Total Attorney Fee:	Rate: $55.00	
18. Paralegal Hours:	0.0	
19. Paralegal Fee:	Rate: $25.00	
20. Hourly Fee Subtotal:		
21. Expenses:		
	$0.00	
	$0.00	
	$0.00	
22. Expense Total:		
22. Claim Total:		

23. MOST RECENT HEARING:

- ☐ Disposition
- ☐ Review
- ☐ Waiver
- ☐ Dismissal
- ☐ Case Closed
- ☐ Withdrawal
- ☐ Petition on Appeal
- ☐ Other (Describe)

24. BILLING STATUS:

Previous Billings? ☐ Yes ☐ No

Amount Billed Previously _____

I, the undersigned attorney, certify that I have completed my services under the appointment; that I have not received nor have I entered into any agreement to receive compensation for these services, direct or indirect, from any source other than the State Public Defender; and that the above information summarizes the services and expenses for which I am entitled to payment. I further state that an itemized statement of such services and expenses is attached hereto and has been provided to my client.

25. DATE:	26. SIGNATURE:	FIRST NAME:	LAST NAME:
00 / 00 / 0000			

27. Make payment to ☐ **Change of Information**

NAME:	SSN / FEDERAL ID NUMBER:	FAX NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
		Iowa	
ATTORNEY E-MAIL ADDRESS:			
TELEPHONE NUMBER:	27. 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