



WASHINGTON STATE
OFFICE OF PUBLIC DEFENSE
Appellate Program

Invoice of
Counsel for Indigent Party
Death Penalty Case

Invoice Date: _____

FOR OPD USE ONLY

Case Information

Case No.: _____

Case Name: _____

Contract No.: _____

Contractor Information (Check is to be payable to)

First Attorney

Second Attorney

Attorney Name: _____

Firm Name: _____

Address _____

City, State & Zip _____

Phone No. _____

Email Address: _____

SWV No.: _____

Payment Request

First Attorney

Second Attorney

Amount: _____

Payment Event: _____

Total Amount: _____

I hereby certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

By: _____
(First Attorney Signature)

_____ Date

_____ (Second Attorney Signature)

_____ Date

Note: Signatures of both attorneys is required for payment.

Return form to:
Michele Young, Fiscal and Budget Manager
Washington State Office of Public Defense
P.O. Box 40957
Olympia, WA 98504-0957

Questions:
Call (360) 586-3164 ext. 101 or Email- Michele.Young@opd.wa.gov

FOR OPD USE ONLY
Approval
By: _____ | _____
Date: _____ | _____