

## Invoice of Counsel for Indigent Party

Counsel Information (Check is payable to)				FOR OPD USE ONLY	
Firm Name:					
Attorney	Name:				
Address:					
City:		State:	Zip:		
Phone:		SWV No:			
Contract No.: En		Email Ad	ail Address:		
Ca	ase Information				
Case Name:			COA No.:		
County:			Date Notice of Appeal Filed:		
In	<b>voice</b> (Mark the box f	or the event be	ing invoiced. Bill within 60	days of each event.)	
Check Event	Assignment		Coop Turner		
	Representing:	'	Case Type:  Dependency/Termination		
	Appellant		RCW 71.09 (SVP)		
	Respondent		Other		
		_	Criminal		
			Assignment Fe	e: \$1,223.00	
	<b>Brief</b> Electronic copy of brief must accompany invoice.				
	Brief file date:		No. of Total VRP Pages:		
	Total hours to date:				
	Anders Brief? Yes/ No		Brief Fee: amount varies, see fee schedule		
	Sanctioned? Yes/ No				
	Closing Closing da	<del></del> te:	Hours from brief to closing		
			Closing Fee: \$276.00		
			_	Anders case	
certify	(or declare) under penalt	y of perjury un	der the laws of the state o	f Washington that the	
foregoir	ng is true and correct.		Email form to:		
Ву			appellate-invoices@opd.wa.gov		
Sign	nature		FOR OPD	USE ONLY	
Date			Approval - By:		
					Pla
Version 11-17-22			Date.		