



WASHINGTON STATE  
OFFICE OF PUBLIC DEFENSE  
Appellate Program

Invoice of  
Superior Court Clerk—  
Indigent Case

Invoice Date: \_\_\_\_\_

FOR OPD USE ONLY

**Claimant Information** (Check is to be payable to)

Clerk: \_\_\_\_\_  
 Court: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ SWV No: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Case Information**

Case Name: \_\_\_\_\_ COA No.: \_\_\_\_\_  
 Case No.: \_\_\_\_\_ Service Requested By: \_\_\_\_\_

**Invoice**

Included below are the clerk's charges for the preparation of the record ordered herein and the actual expenses of the clerk for transmittal of those portions of the record:

Preparation of Clerk's Papers	No. of Pages	Page Rate	Total
Original:	_____	.50	\$ _____
Copies:	_____	.25	\$ _____

Other Charges (list items): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_

*I hereby certify that the items listed in this invoice are correct charges for the preparation of those portions of the record ordered by counsel or the trial court and for the actual expense of transmittal of those portions of the record.*

By: \_\_\_\_\_  
(Clerk Signature)

\_\_\_\_\_ Date

\_\_\_\_\_ (Title/ Print Name)

**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](mailto:Michele.Young@opd.wa.gov)

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**Approval**

By: \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_ | \_\_\_\_\_