

State of Alabama Unified Judicial System Form PFD-1 Rev. 12/2011	PROFESSIONAL SERVICES FEE DECLARATION	County Code _____	Case Number _____ <small>Jurisdiction Year Case# Suffix</small>
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Mark Appropriate Court:

- Circuit Court of _____ County
- District Court of _____ County
- Alabama Court of Criminal Appeals
- Alabama Court of Civil Appeals
- Supreme Court of Alabama

Professional's Name (Please type or print)

Vendor Code

STYLE OF CASE: _____ v. _____

CHARGE: _____

Companion case numbers: _____

Type of professional services: Expert Investigator Other (specify) _____.

Services Rendered: Total Hours _____ x \$ _____ per hour = _____

Reimbursable Out-of-pocket Expenses: _____ = _____

Total Claim: _____

The undersigned professional declares that the above claim is true and correct and represents the services actually rendered by him/her and the amount is due and payable. I further declare that the above claim is not a duplication of charges and expenses in any case (companion or otherwise).

Signature _____ Date _____

Mailing Address
 (please type or print) (including city, state, and zip code)

E-mail Address: _____ Telephone Number _____ Fax Number _____

I, the undersigned attorney, hereby certify that the professional presenting this claim provided services in this matter and that said matter has been concluded. I am further of the opinion that this claim is reasonable based on the services provided.

Attorney's Signature _____ Date _____

Attorney's Name (Please type or print) _____

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE PROFESSIONAL AND THE ATTORNEY. THIS FORM WITH ATTACHED COURT ORDER PRE-APPROVING THE PROFESSIONAL SERVICES, ORIGINAL INVOICE, AND RECIEPTS MUST BE SUBMITTED TO THE OFFICE OF INDIGENT DEFENSE SERVICES.

MAIL TO: Office of Indigent Defense Services, P.O. BOX 302602, Montgomery, Alabama 36130-2602.