

Indigent Defense Miscellaneous Fee Claim Form (Required by State Public Defender's Office)

1. CHECK THE BOX INDICATING THE TYPE OF CLAIM:

- INTERPRETER: (LANGUAGE) _____
- CERTIFIED SHORTHAND REPORTER
- EVALUATION : Psychiatrist Psychologist
- EXPERT WITNESS: (EXPERTISE) _____
- INVESTIGATOR
- SHERIFF FEES/SUBPOENAS
- OTHER (EXPLAIN): _____

2. CASE INFORMATION:

COUNTY:	COURT NUMBER(s):
COURT APPOINTED ATTORNEY:	
CLIENT FULL NAME:	

JUVENILE CASES ONLY:

Enter LAST name of child/children of interest in the case: _____

Attorney represents: Juvenile Parent Other: _____

3. CLAIM INFORMATION:

CERTIFIED SHORTHAND REPORTER: DATE ORDERED ____/____/____ DATE DELIVERED ____/____/____

ALL OTHER CLAIM TYPES: DATE SERVICES BEGAN ____/____/____ DATE SERVICES ENDED ____/____/____

CLAIM TOTAL: \$	ARE YOU A STATE EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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4. CERTIFICATION: I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

DATE:	SIGNATURE:	FIRST NAME:	LAST NAME:
/ /			

5. MAKE PAYMENT TO:

Change of Information

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

~ INSTRUCTIONS FOR COMPLETING MISCELLANEOUS FEE CLAIM FORM ~

1. Check mark the box to indicate the type of claim, complete other items as required.

2. Case Information

County: Enter the name of the county in which the appointment originated.

Court Number(s): Enter the court case number as it appears on the court order. If there is more than one case number for this individual, enter the most serious charge first.

Court Appointed Attorney: Enter the name of the attorney that the court has appointed on this case. If no attorney has been appointed, enter “pro se”.

Client Full Name: Enter the first and last name of the client. For Adult Cases, only one name is to be reported per form, with the relevant charges for that individual; if there is more than one client, split the charges between the clients on separate forms.

Juvenile Cases Only: Enter the LAST name of the child/children of interest in the case. Indicate whether the attorney represents the juvenile, parent, or other party.

3. Claim Information

Certified Shorthand Reporter: If this claim is for a deposition or transcript, enter the date the deposition or transcript was ordered from you, and the date the deposition or transcript was delivered.

All Other Claim Types: If this claim is for any type of claim other than a deposition or transcript, enter the date services began and the date services were completed. [The date of delivery or completion should not be later than the date of your signature on the claim form.]

Claim Total: Enter the total amount of your charges here.

4. Certification: Review your claim form to make sure it is true and correct.

Date: The date on which the claim form was signed.

Signature: The claimant must sign the form. The original signature must be submitted for payment by the State Public Defender. Type/print first name and last name in boxes.

5. Claimant Information/Make Payment To:

Enter the name, address, e-mail, phone, fax, and social security number or federal identification number of the person or company that should receive the payment. If any of this information is different than previously submitted claims, check the “Change of Information” box and circle or highlight the item(s) that changed.

Mailing: Mail one original *Indigent Defense Miscellaneous Fee Claim Form*, one original of your company invoice*, 2 copies of the invoice, and one set of attachments (see IAC 493-13.2(815)).

**State Public Defender
Miscellaneous Claims
Fourth Floor, Lucas Building
321 East 12th Street
Des Moines, Iowa 50319-0087**

*If you do not have a “company invoice”, submit an original and two copies of the Indigent Defense Miscellaneous Claim Form.

Questions: If you have questions about the completion of this form, or reimbursement from the Indigent Defense Fund, please call (515) 242-6158 or e-mail claims@spd.state.ia.us.