

**STANISLAUS COUNTY SUPERIOR COURT
STATE OF CALIFORNIA**

Claim of: _____

Date: _____

Address: _____

Psychological/Psychiatric Services

Case No:
Case Name:
Date of Exam:
Hearing Date:

Report requested by:

_____ Public Defender _____ Appointed Counsel
_____ District Attorney _____ Courts _____ Other (specify)

Appointed under code section:

_____ PC 1368 _____ PC 1026-27 _____ PC288.1
_____ PC 26 _____ PC457 _____ FC7820/7
_____ W&I 707 _____ EC1017 _____ NGI _____ OTHER
_____ Other (specify)

_____ W&I 3050-51 _____ Jail _____ Office (please check one)

_____ Testimony: _____ hrs.
_____ Office Standby: _____ hrs. \$ _____

Appointed by: Judge: _____ Dept # _____

(Court Clerical Use Only) Report Filed: _____ Date _____ Initials _____

I HEREBY CERTIFY that the above claim and the items, amounts and statements as herein set out are true and correct; that no part hereof has been heretofore paid; that the amount claimed is justly due and is presented within one year after the last item thereof has accrued.

Claimant

CLAIMANT DO NOT WRITE IN THE SPACES BELOW THIS LINE

SAP CODING STRIP

SAP DOCUMENT NUMBER

110001
FUND

50
PLANT

VENDOR NUMBER: _____

INV NO: _____

	COST CENTER	G/L ACCOUNT	AMOUNT
LINE 1	502160	939002	

Authorized Court Signature