NDCLCI Po Box 149 Valley City, ND 58072 Phone: (701)845-8632 Fax: (701)845-8633 Email: clcivc@nd.gov

Name of attorn	ney:	Date:					
Appointed by:			Date appointed:		Case Reporting System assignment: number:		
Email address:					Phone number:		
Mailing address:			City, State, ZIP Code:				
Name of represented party:			County of case: Judicial dis			ct:	
☐ District Co	urt ☐ Juvenile Court ☐ Appe	llate	☐ Post-conviction				
Case number(s):			ense:		Severit	y:	
Case number:			Offense			Severit	y:
Case number:			Offense			Severit	y:
	REIMBU	JRS	EMENT REQUEST				
Date:	Itemized services (attach add	itional sheets if necessary)			Time	Amount	
Itemized costs:							

Total amount of fees and costs for which reimbursement is	s requested:
I certify this statement is true and that no compensation for the fees and cost received.	s set forth has been
Signature of attorney	Date