STATE OF MONTANA

OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form
CONFLICT CASES

Name of Claimant _____ Vendor ID # _____

You must attach an itemized invoice and any related pre-approvals to this summary claim form. Detail travel expenses by case ID on a travel expense voucher and attach. Submit the monthly claim by the 10th of the month following the month in which costs were incurred. Do not include dates of service for more than one calendar month. Submit conflict and non-conflict cases on separate claims. (For more detailed information on how to submit a claim, contact the Central Office at 496-6080 or go to http://www.publicdefender.mt.gov/contracts.asp.) **Submit this claim to the Conflict Coordinator, P.O. Box 200145, Helena MT 59620-0145. Please mail the original, including your original signature. We cannot accept faxes or signature stamps.**

Note all cases that you have closed (C) or that are inactive (I) on this form. You must submit a Case Closing Summary form for all closed cases. Do not attach to this claim.

Month of Service _____ **Billing for Region** _____

Note: Claims submitted more than 45 days from the last day of the month of service ***will be denied.***

Client Name	OPD-Assigned Case ID #	Closed (C) or Inactive (I) Case?	Hours Worked	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS						

The undersigned Counsel certifies that the cases listed, expenses claimed and the times reported are true and accurate.

Attorney's Signature/Date of Submission _____ Conflict Coordinator's Approval/Date Approved _____

Signatures above certify that all costs in excess of $200 have been pre-approved.