

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF NEVADA**

**Appointed Counsel and Expert Invoice**

*Complete one invoice per client to request payment for appointed conflict counsel fees or appointed expert fees.*

Attorney Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Tier: \_\_\_\_\_ Case Number(s): \_\_\_\_\_ Charge(s): \_\_\_\_\_

Date	Work Performed	Hours	Amount
<b>Total This Invoice:</b>			
<b>Total Billed to Date:</b>			

*Submit additional invoice pages for each client.*