

EXPERT SERVICE CLAIM FORM

FEIN/SSN _____ <input type="checkbox"/> Elec Deposit DBA/Business _____ Name _____ KS Bar # _____ Mailing Address _____ City _____ State _____ Zip _____ E-Mail _____ Phone _____ Fax _____ <input type="checkbox"/> Check this box if there have been any changes to the information above since your last claim was submitted.	<p style="text-align: center;">Mail original claim form WITH invoice and order to:</p> <p style="text-align: center;">Board of Indigents' Defense Services 700 SW Jackson St, Ste 500 Topeka, KS 66603-3758 Phone: (785) 296-6631 Fax: (785) 291-3082</p> Payee No. _____ BIDS use only Service Code _____ Loc Code _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Current Case Information</td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Civil 1507 / Habeas Corpus <input type="checkbox"/> Criminal / Traffic Felony <input type="checkbox"/> PV / Probation Violaton <input type="checkbox"/> Direct Appeal </td> </tr> </table> BIDS Use Only Name of Attorney Requesting Services _____ _____		Current Case Information		<input type="checkbox"/> Civil 1507 / Habeas Corpus <input type="checkbox"/> Criminal / Traffic Felony <input type="checkbox"/> PV / Probation Violaton <input type="checkbox"/> Direct Appeal
	Current Case Information				
	<input type="checkbox"/> Civil 1507 / Habeas Corpus <input type="checkbox"/> Criminal / Traffic Felony <input type="checkbox"/> PV / Probation Violaton <input type="checkbox"/> Direct Appeal				
District Court _____ Appellate _____ Case No. _____ Case No. _____ Name of Indigent Person _____ AKA _____ County _____	<p>A. EXPERTS, INVESTIGATORS, INTERPRETERS AND OTHER SERVICES: PRIOR BIDS APPROVAL AND SIGNED CONTRACT IS REQUIRED FOR PSYCHOLOGICAL, PSYCHIATRIC AND EXPERT SERVICES EXCEEDING \$1,000, AND FOR INVESTIGATORS AND OTHER SERVICES EXCEEDING \$300. COURT REPORTERS AND INTERPRETERS ARE EXEMPT. BILLINGS MUST BE ITEMIZED PER HOUR AND PER DAY FOR EACH SERVICE.</p> <p>Mileage rate is the state rate in effect at time of travel. 7/1/12 - 6/30/13 is \$.55/mile; 7/1/13 - 12/31/15 is \$.56/mile; 1/1/16 - 6/30/17 is \$.54/mile; 7/1/17 - 6/30/18 is \$.535/mile; 7/1/18 - 6/30/19 is \$.545/mile; 7/1/19 - 12/31/19 is \$.58/mile; 1/1/20 - 12/31/20 is \$.575/mile; 1/1/21 - 6/30/22 is \$.56/mile; 7/1/22 - 6/30/23 is \$.585/mile; 7/1/2023 - Present is \$.655.</p> <p>B. EXPERTS PROVIDING SERVICES WITH COSTS IN EXCESS OF \$1,000.00 <u>MUST</u> HAVE A SIGNED CONTRACT WITH BIDS FOR THIS SERVICE AND A COPY OF THE CONTRACT MUST BE ATTACHED. COURT REPORTERS ARE EXEMPT.</p> <p>C. BILLING MUST BE ITEMIZED PER DAY AND PER HOUR. List summary of services - dates of services are required on billing:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"></div> <div style="width: 35%;"> Services _____ Expenses _____ </div> </div>				
GRAND TOTAL AMOUNT OF CLAIM _____ Grand Total _____					
I hereby certify the above charges to be just, correct, unpaid, and due by law. _____ Attorney Requesting Expert Services _____ KS Bar # _____ Date	Reviewed and Approved. _____ Original Signature of District Court Judge _____ Date	BIDS Use Only _____ Audited/Approved			