

COURT REPORTER CLAIM FORM

FEIN/SSN _____	<input type="checkbox"/> Elec Deposit
DBA/Business _____	
Name _____	
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.	
District Court Case No. _____	Appellate Case No. _____
Name of Indigent Person _____	
AKA _____	
County _____	

Mail original claim form WITH invoice and order to:

Board of Indigents' Defense Services
700 SW Jackson St, Ste 500
Topeka, KS 66603-3758
Phone: (785) 296-6631 Fax: (785) 291-3082

Payee No. _____

BIDS use only

Service Code _____ Loc Code _____

	Current Case Information
	<input type="checkbox"/> Civil 1507 / Habeas Corpus
	<input type="checkbox"/> Criminal / Traffic Felony
	<input type="checkbox"/> PV / Probation Violaton
BIDS Use Only	<input type="checkbox"/> Direct Appeal

Name of Attorney Requesting Services _____

A. COURT REPORTERS: COPY OF THE ORDER FOR TRANSCRIPT MUST BE STAPLED BEHIND ALL OTHER DOCUMENTS.

Originals _____ pages @ _____ / page = _____ (Effective 1/12/12)

Originals _____ pages @ _____ / page = _____ (Through 12/31/11)

ONLY MULTIPLE DEFENDANT CASES:

Duplicates _____ pages @ _____ / page = _____

Please list no. (1-14 as specified on revised order) of requested hearings that have been completed for this claim:

GRAND TOTAL AMOUNT OF CLAIM

Grand Total _____

I hereby certify the above charges to be just, correct, unpaid, and due by law. _____ Original Signature of CSR Date	Reviewed and Approved. _____ Original Signature of District Court Judge Date	BIDS Use Only
		Audited/Approved

RETAIN 1 COPY FOR YOUR RECORDS - NO COPY WILL BE RETURNED.

Revised 1/2014