

**Superior Court of California, County of Santa Barbara
Statement for Forensic Evaluation Services**

Name: _____ Vendor #: _____

Address: _____

Case Name: _____ Case Number: _____

Type of Evaluation _____ Date of Evaluation: _____
* If EC 730 evaluation, send invoice to Public Defender

Location _____ Fee Claimed: \$ _____
SB SM LOM
CIRCLE ONE

The undersigned, under penalty of perjury, states that all items on this claim are true and correct, that no portion has been paid, and that said claim is made within one year after the services were rendered.

Dated: _____
_____ Claimant's Signature

For Court Use Only

I verify the appointment of the doctor, services enumerated herein have been performed, report has been received, and the amount claimed is due the claimant.

Dated: _____ by: _____

For Court Fiscal Use Only

| G/L Acct | Cost Center | Fund | F/Area | Location | Amount |
|----------|-------------|--------|--------|----------|--------|
| 939002 | 422500 | 110001 | 1212 | | \$ |
| 939009 | 422500 | 110001 | 1100 | | \$ |

| Parked By / Date | Posted By / Date |
|------------------|------------------|
| | |