## OFFICE OF THE CHILD'S REPRESENTATIVE BILLING FORM

This form is for non-case-related work only. All case-related consultation and litigation support must be billed in CARES.

PAYABLE TO:

MENTEE: (if applicable)

DATE	HOURS	EXPLANATION

## **TOTAL HOURS BILLED:**

I certify that the statements in the above are true and actual in all respects; that payment of the amounts claimed therein has not been received; that my schedule of expenses was incurred by me on official OCR business and that all charges are supported by actual documentation, as necessary, which are attached.

Payee Signature:

Date:\_\_\_\_\_

Download this blank form at <a href="http://www.coloradochildrep.org/attorney-center/billing/">http://www.coloradochildrep.org/attorney-center/billing/</a>