



**County of Humboldt**  
County Administrative Office  
Indigent Defense Billing  
825 5th Street, Room 112  
Eureka, CA 95501

**Your Business Name/Billing Address**

**Invoice Date**

**Invoice Number**

**Your Email & Phone Number**

**Invoice Total**

**Fund (County Use)**

**Defendant Name**

**Case Number(s)**

**Case Type(s)**

Criminal (Adult)  
Juvenile Dependency (300)  
Juvenile Delinquency (600)  
Family Law  
Civil  
Other

**Charge Type(s)**

Misdemeanor  
Felony Non-Hom Non-Life Term/Top Case  
Felony Non-Hom Life-Term/Top Case  
Homicide  
Contempt  
Other

**Date**

**Description**

**Hours**

**Charges**

**Date**

**Description**

**Hours**

**Charges**

**Date**

**Description**

**Hours**

**Charges**

**Date**

**Description**

**Hours**

**Charges**

**Date**

**Description**

**Hours**

**Charges**

<b>Date</b>	<b>Description</b>	<b>Hours</b>	<b>Charges</b>
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<b>Date</b>	<b>Description</b>	<b>Hours</b>	<b>Charges</b>
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<b>Date</b>	<b>Description</b>	<b>Hours</b>	<b>Charges</b>
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<b>Date</b>	<b>Description</b>	<b>Hours</b>	<b>Charges</b>
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<b>Date</b>	<b>Description</b>	<b>Hours</b>	<b>Charges</b>
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<b>Total Hours</b>	<b>Total Expenses</b>	<b>Total Charges</b>
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In order to process your invoice in a timely manner, please make sure that you submit the funding order or minutes showing your appointment with each invoice. If this is your first time doing business with the County of Humboldt or it has been more than two years since your last business with us, please submit a signed W9 form with your invoice and funding order. Receipts are required for expense reimbursement other than in-house copies or small mailings.