

**PUBLIC DEFENSE PROVIDER'S FEE STATEMENT FOR TRANSCRIPTS ON APPEAL**

**1. CASE INFORMATION**

Trial Court Location \_\_\_\_\_ Trial Court Case Number(s) \_\_\_\_\_  
Case Name \_\_\_\_\_ Appellate Court Case Number(s) \_\_\_\_\_  
Trial Court Case Type \_\_\_\_\_ Date Notice of Appeal Filed \_\_\_\_\_

**2. PROVIDER INFORMATION**

Provider's Name \_\_\_\_\_ Tax ID No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**3. EXPENSE INFORMATION**

Code	Description	Number of Pages	Rate	Amount Billed	PDSC Use Only
4614	Transcription		\$2.50		
4614	Copy for State		\$0.25		
4614	Copy for Defense		\$0.25		
4618	Postage (receipts required)				
Total					

Note: Transcripts, other than those for appeals, are a non-routine expense and must be preauthorized by the Office of Public Defense Services.

I certify that the information above is true. I have not received and will not accept direct or indirect compensation for these services other than as approved by PDSC or authorized by contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit fee statement to: Accounts Payable, PDSC  
1175 Court Street NE  
Salem, OR 97301

Or to: Accounts.Payable@opds.state.or.us