INVOICE - VOUCHER FOR ATTORNEY SERVICES RENDERED TO THE STATE OF CONNECTICUT

STATE OF CONNECTICUT PROBATE COURT ADMINISTRATION

CO-17 Atty rev 4/2010

| (1) AGENCY NO. | | (4) INVOICE NO. | | | | | (5) INVOICE AMOUNT | | |
|--|---------------|------------------------|----------------------------|-------------------|------------------|---------------|--------------------|---------------------|--|
| PCAM1 | | For work done | as ATTORNEY | | , | | | | |
| | | | | | | | (13) VENDOR FEI | N/SSN-SUFFIX | |
| | | | | | | | ххх | - X X- | |
| (14) | | VENDOR/PA | YEE: FIELDS 13 THRO | DUGH 22 ARE MANDA | ATORY FOR PAYME | ENT | PP.O | BATE ADMIN USE ONLY | |
| (14) | | | | | | | VOUCHER: | BATE ADMIN OCE ONET | |
| PAYEE: | | | | | | | | | |
| PAYEE: | | | | | | | | | |
| ADDRESS: | | | | | | | | | |
| ADDRESS: | | | | | | | | | |
| CITY: | | | ST: | ZIP: | | | | | |
| FOR SERVICES PERFORMED AS AN <i>ATTORNEY</i> IN THE MATTER OF: | | | | | | | | | |
| (18) | GIVE FULL | DESCRIPTION OF GOO | DDS AND/OR SERVICES | COMPLETED | (19) QUANTITY | (20) UNITS | (21) UNIT PRICE | (22) AMOUNT | |
| Date of | * * Invoice i | | eived at the local court w | rithin 6 months | 0/ - 11 | 11 | #50.00 | | |
| Service | | from the date services | s were rendered.* * | | % of Hour | Hour | \$50.00 | | |
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Send completed invoice to the appointing probate court for Judge's certification. The probate court will send the certified invoice to Probate Administration for payment. Questions about fee schedule, completing a CO-17 invoice, payment status or check amount, contact Paula Gilroy at 860-231-2442.