

**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. PCAM1	For work done as ATTORNEY	(4) INVOICE NO. 	(5) INVOICE AMOUNT
(13) VENDOR FEIN/SSN-SUFFIX			

VENDOR/PAYEE: FIELDS 13 THROUGH 22 ARE MANDATORY FOR PAYMENT

(14) PAYEE: PAYEE: ADDRESS: ADDRESS: CITY: ST: ZIP:	PROBATE ADMIN USE ONLY VOUCHER : <hr/> <hr/>
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FOR SERVICES PERFORMED AS AN **ATTORNEY** IN THE MATTER OF:

(18)	GIVE FULL DESCRIPTION OF GOODS AND/OR SERVICES COMPLETED	(19) QUANTITY	(20) UNITS	(21) UNIT PRICE	(22) AMOUNT
Date of Service	** Invoice for services must be received at the local court within 6 months from the date services were rendered.**	% of Hour		\$50.00	

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 Roz Blair at (attorney/firm names starting with A-J) or Paula Gilroy (attorney/firm names starting with K-Z) at 860-231-2442.

**INVOICE - VOUCHER FOR SERVICES - ADDENDUM
 RENDERED TO THE STATE OF CONNECTICUT**

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STATE OF CONNECTICUT
 PROBATE COURT ADMINISTRATION
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(4) INVOICE NO. (same as page 1)

**** Invoice for services must be received at the local court within 6 months from the date services were rendered.****

(18) DATE OF SERVICE	DESCRIPTION OF SERVICES RENDERED	(19) QUANTITY	(20) UNITS	(21) UNIT PRICE	(22) AMOUNT
		% of hour	hour	\$50.00	

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 Roz Blair at (conservator names starting with A-J) or Paula Gilroy (conservator names starting with K-Z) at 860-231-2442.