

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
MEDICAL EXAMINER/MENTAL HEALTH EXPERT PAYMENT VOUCHER INSTRUCTIONS**

The following instructions pertain to requests for payment of medical examiner and interpreter fees on court ordered medical examinations. **Form must be typed**

Section A. General Information:

1. Complete the following information:
 - a. The name, address, email and phone number of the claimant/vendor
 - b. The case number, including the case prefix
 - c. The defendant date of birth
 - d. The defendant name

Section B. Medical Examiners/Mental Health Expert

2. Complete the following information:
 - a. The date of appointment, the name of the judicial officer who has made the appointment and the judicial officer's department.
 - b. Specify the applicable code section authorizing the appointment (e.g., PC 1368/1369, PC 288.1, WIC 370, EC 1017, PC 1026, etc.).
 - c. The date on which the examination or court testimony was performed and whether the testimony was for a full or half day. The attached invoice should include a full description of the services rendered on the specified dates.
 - d. The authorized court approved fee for the examination ordered and conducted.
 - e. Check the boxes as to supporting documentation and attach the documents as indicated. A copy of the Notice of Appointment, a billing invoice for requested fees and 3 copies of the completed report must be attached. *The absence of required documents and/or incomplete information may result in return of the documents for completion.*

Section C. Interpreter/Other Services:

3. Complete the following information:
 - a. Specify whether an interpreter was used or other services provided:
 - b. The name of the interpreter:
 - c. Costs for services – Interpreter:
 - d. If the order for an interpreter is not included in the minutes (present on minute order), provide proof of the court's order.

Section D. Verification:

4. Sign and date the payment voucher.

Mail the completed payment voucher and all supporting documents to the Court who ordered the report.

Note: Please include the case number on all inquiries and other correspondence

MEDICAL EXAMINER/MENTAL HEALTH EXPERT PAYMENT VOUCHER

SECTION A. GENERAL INFORMATION

Medical Examiner/Mental Health Expert Information

Name: _____ Phone Number: _____
Address: _____ Email Address: _____
City/State/Zip: _____
Case No. (s): _____
Defendant: _____ Date of Birth: _____

SECTION B. MEDICAL EXAMINER/MENTAL HEALTH EXPERT

Date Appointed: _____ By Judicial Officer: _____ Department: _____
Appointed pursuant to code section: _____ Other: _____
Date of: [] Exam [] Testimony _____ [] Half day [] Full day Court approved fee: \$ _____
[] Notice of Appointment attached [] Minute Order attached
[] Invoice attached [] 3 copies - completed report attached (not applicable for EC 1017 evaluations)

SECTION C. INTERPRETER/OTHER SERVICES

[] Interpreter used [] Other (specify): _____
[] Name of interpreter: _____
[] Cost of services: \$ _____
[] If the order for an interpreter is not included in the minutes (present in the minute order), provide proof of the court's order

SECTION D:

I DECLARE THE FOREGOING AND ANY ATTACHMENTS HERETO TO BE AN ACCURATE STATEMENT OF SERVICES RENDERED IN THIS CASE.

_____(SIGNATURE OF CLAIMANT) _____(DATE)

For Court Use Only

Fund: [] 110001 [] 120009
Cost Center: 335911
PECT/Functional Area: [] 1212 [] 1233 [] 1234 [] _____
GL: [] 939003 [] 939009 [] 939017 [] _____
Approvers Initials: _____ Date: _____
Approvers Printed Name: _____
Comments: _____