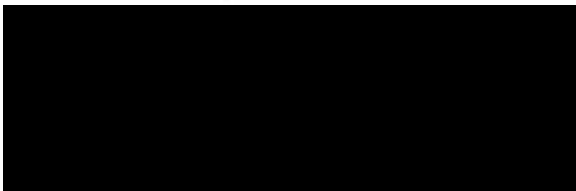


***CONTRACT ATTORNEY REQUEST FOR
PAYMENT EXAMPLE***



Contract Attorney Request for Payment

Attorney Name: _____

Firm Name: _____

Case Number: _____ Date of PPO Hearing: _____

Private Process Server Reimbursement: \$ _____ Receipt Attached

Please make check payable to: _____

Please mail payment to: _____

Signature

Date

For Internal Use Only:

___ Contract, W-9, Screening Form, & DCJ 16

___ PPO Hearing Concluded

___ Program Evaluation

___ Private Process Server Receipt

AMOUNT: _____

___ Initial to verify eligibility for payment

Date Payment Request Received: _____

Date Submitted for Payment: _____

Date Check sent to Attorney: _____

Check No. _____