

***RECOMMENDED FINANCIAL
AND ADMINISTRATIVE
“BEST PRACTICES”***

FOR

***AGENCIES EXPENDING CVS
GRANT FUNDS FOR FINANCIAL
ASSISTANCE FOR VICTIMS***



COLORADO

Division of Criminal Justice

Department of Public Safety

***RECOMMENDED FINANCIAL AND ADMINISTRATIVE “BEST PRACTICES”
FOR AGENCIES EXPENDING CVS GRANT FUNDS FOR FINANCIAL ASSISTANCE FOR VICTIMS***

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[Additional Financial Assistance for Victims Examples/Samplesⁱ](#)

Guiding Principles

While ability to provide crime victims with financial assistance for emergency, housing and civil legal needs is an important resource, it is critical to remember that these types of expenditures require detailed accounting in order to document grant funds are being expended appropriately. Despite the best intentions, ***grantees must consider how each transaction would be perceived by an outside federal auditor.*** Protect your agency's ability to continue to receive and utilize these funds by implementing the following:

- Maintain written procedures that detail how requests for expenditures are screened for eligibility and appropriateness; how the proposed expenditures are authorized; how payment is approved and processed; and how additional considerations such as confidentiality and case management are handled.
- Utilize internal forms that note expenditures have been determined to be eligible, reasonable, and ***justified as related to the victimization***; are backed-up by proper source documentation attached to the form; are authorized by the appropriate individual and processed appropriately; and have been entered in the agency's accounting system.
- Thoroughly document each transaction, including taking extra steps as needed to provide clarification in the documentation and accounting system so that it is readily apparent that each transaction is appropriate.

Required Grant Accounting Elements & Items:
Providing Financial Assistance for Victims

In addition to the regular grant accounting elements required of all CVS grant recipientsⁱⁱ, grant recipients administering CVS funds for financial assistance for victims must be able to demonstrate the following:

- grant expenditures have been authorized and signed by the correct person;
- invoices are notated with the grant name and appropriate approval;
- invoices indicate appropriate proportion of grant funds to the staff time or other expense, as applicable;
- all expenditures are in the proportions as outlined in the approved budget and reconcile to accounting records;
- the agency has written financial policies and procedures that outline the process of administering financial assistance for victims that addresses the protection of Personally Identifying Information (PII) and the confidentiality of victims; the process for approval of these types of expenditures; and the internal process for ensuring the retention of the required financial supporting documentation, including:
 - Source documentation for any approved supplies and operating and travel expenditures **for each individual grant** (i.e. signed, **approved and coded** invoices, itemized receipts);
 - Source documentation for any approved Consultants/Contracts (i.e. Statement of Work, signed and dated contracts, signed and **approved and coded** invoices for work completed, signed and approved DCJ Form 16's and/or 17's).

Protection of Personally Identifiable Information

Personally Identifiable Information (PII) is generally defined as any information that permits the identity of a victim to be directly or indirectly inferred. *Direct Identification* includes any information that is unique to the victim such as name, address, social security number, telephone number, email address, etc. *Indirect Identification* would be data elements that, in combination, could identify the victim. This includes combination of race, birth date, geographic indicator, number and ages of children, etc.

Personally Identifiable Information of victims receiving services supported by federal grant funds *must be protected*. For purposes of reporting to OVP on the use of grant funds for financial assistance, the following are recommended practices to avoid breaches of this requirement:

1. ENCODE or REDACT victim's name on all reports and supporting documentation;
2. REDACT victim's address, social security number, telephone number, email address, etc. on reports and supporting documentation;
3. REDACT names and ages of children that may appear in reports and supporting documentation;
4. Review the documentation you are about to submit to OVP and REDACT or REMOVE data elements such as race, birth date, geographic indicator, number and ages of children, that, in combination, could reasonably be thought to identify a victim.

(Suggestion: The Adobe Pro redaction function is quick, simple, and effective.)

Supporting Documentation for Expenditures for Financial Assistance for Victims

Eligible Type of Assistance	Documentation Required <i>*Personally Identifiable Information On Victims Must Be Protected</i>	<i>Not Allowed</i>
Childcare (for purposes of obtaining or retaining employment, participating in services related to victimization, or participating in criminal justice proceedings related to the crime)	<ul style="list-style-type: none"> • Itemized receipt for expense licensed childcare vendor (license number is often found on invoice/receipt) • Authorization for expenditure by supervising staff member with approval signature and notation regarding charging the expense to the grant 	<ul style="list-style-type: none"> • Direct payment to victims • Cost of unauthorized items • Payment without itemized receipt • Payment to someone other than a licensed vendor • Payment for childcare expenses not needed as a result of/or not tied to the victimization
Hygiene and Basic Needs (e.g. food, clothing, basic toiletries, feminine hygiene products, diapers/wipes)	<ul style="list-style-type: none"> • Itemized receipt • Authorization for expenditure by supervising staff member with approval signature and notation regarding charging the expense to the grant 	<ul style="list-style-type: none"> • Direct payment to victims • Gift cards • Cost of unauthorized items • Payment without itemized receipt • Payment for items that are not needed as a result of the victimization
Local Transportation (for purposes of obtaining or retaining employment, participating in services related to victimization, or participating in criminal justice proceedings related to the crime)	<ul style="list-style-type: none"> • Itemized receipt • Authorization for expenditure by supervising staff member with approval signature and notation regarding charging the expense to the grant 	<ul style="list-style-type: none"> • Direct payment to victims • Gift cards • Cost of unauthorized items • Payment without itemized receipt • Payment to someone other than vendor • Payment for transportation expenses not needed as a result of/or not tied to the victimization
Moving expenses (e.g. truck rental, movers, short-term storage)	<ul style="list-style-type: none"> • Itemized receipt from vendor • Authorization for expenditure by supervising staff member with approval signature and notation regarding charging the expense to the grant 	<ul style="list-style-type: none"> • Direct payment to victims • Gift cards • Cost of unauthorized items • Payment without itemized receipt • Payment to someone other than vendor

		<ul style="list-style-type: none"> • Payment for moving expenses not needed as a result of/or not tied to the victimization
Relocation (e.g. bus, airline, train)	<ul style="list-style-type: none"> • Itemized receipt • Authorization for expenditure by supervising staff member with approval signature and notation regarding charging the expense to the grant 	<ul style="list-style-type: none"> • Direct payment to victims • Gift cards • Cost of unauthorized items • Payment without itemized receipt • Payment to someone other than vendor • Payment for expenses not needed as a result of/or not tied to the victimization
Rental Assistance (e.g. house, apartment, mobile home, campground)	<ul style="list-style-type: none"> • Verified 1st and last pages of signed lease (pages on which the parties are named (victim PII is redacted), terms of the lease and rental amount are specified, and signatures appear) • Authorization for expenditure by supervising staff member with approval signature and notation regarding charging the expense to the grant 	<ul style="list-style-type: none"> • Direct payment to victims • Deposits • Back rent prior to the crime • Mortgage payments • Credit-risk surcharges • Checks made out to individuals or entities other than vendor named on lease • Payment for rent not needed as a result of/or not tied to the victimization
Utilities (e.g. electric, gas, water, sewer, trash pickup)	<ul style="list-style-type: none"> • Start-up and current If <i>included</i> in the lease – • note attached to lease itemizing the monthly utility expenses If <i>not</i> included in the lease – • Itemized bill in victim’s name (name redacted) • Authorization for expenditure by supervising staff member with approval signature and notation regarding charging the expense to the grant 	<ul style="list-style-type: none"> • Direct payment to victims • Payment without itemized receipt • Payment to someone other than vendor • “Catch-up” payments on unpaid bills prior to the crime • Cell phones or cell phone minutes • Payment for utilities not needed as a result of/or not tied to the victimization
Contracted Civil Legal Representation (eligible services <u>include</u> : <ul style="list-style-type: none"> • Temporary & permanent protection orders and related activities associated 	<ul style="list-style-type: none"> • DCJ Form 16 and DCJ Form 17 submitted with signed contract for pre-approval by Grant Program Manager • Invoice from attorney • Authorization for expenditure by supervising staff member with 	<ul style="list-style-type: none"> • Direct payment to victims • Payment without itemized invoice • Payment to someone other than vendor

<p>with safety concerns of the victim and victim's children</p> <ul style="list-style-type: none"> • Immigration assistance related to the crime (i.e. U-Visa, VAWA Petition) • Title IX services (e.g. civil legal representation of sexual assault victims in educational settings) 	<p>approval signature and notation regarding charging the expense to the grant</p> <ul style="list-style-type: none"> • Checks made out to individual/vendor named on contract <p>(*Agency should also retain a copy of the attorney's license to practice law in Colorado, malpractice insurance, and W-9 in their internal hard file, but should not submit these materials to OVP.)</p>	<ul style="list-style-type: none"> • Payment for legal services that are not needed as a result of the victimization
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ⁱ OVP does not expect or require agencies to use the exact forms or templates provided in this packet. All examples and samples provided are for **informational purposes only** and are being used with the permission of the issuing agency. Agencies should ensure that the required elements described and shown throughout this packet are present in their current practices, if applicable. Additional examples/samples are all located online: <https://www.colorado.gov/pacific/dcj/cvs-funds> under *Resources for CVS Grantees and Applicants*.

ⁱⁱ Complete lists of Required Grant Accounting Elements and Required Grant Accounting Items are outlined in the Office for Victims Programs [Essential Grant Accounting and Financial Documentation Packet](#).

RENTAL ASSISTANCE EXAMPLE

Rental Agreement

This Agreement is made this 13 day of NOVEMBER 18 by and between Jesse and Jack Messenger, herein called "Owner" and _____ herein called "Resident". Owner hereby agrees to rent to Resident the dwelling located at _____ for the period commencing November 15, 2018 under the following terms.

Landlord name

Victim name redacted

Residential address redacted

1. **RENT:** Resident agrees to pay to Owner as base rent the sum of \$900.00 per month, due and payable in advance from the 15th day of every month. Failure to pay rent when due will result in the Owner taking immediate legal action to evict the Resident from the premises and seize the security deposit. The initial rent payment is to include payment of the last month's rent of \$900.00. The last month's rent will be held as a deposit until termination of this Agreement and will be applied to rent due at that time. No interest will be paid to Resident on this deposit.
2. **METHOD OF PAYMENT:** The initial payment of rent under this Agreement must be made in cash, or cashier's check drawn on a local financial institution. Thereafter, monthly rent payments may be paid by check until the first check is dishonored and returned unpaid. Regardless of cause, no other additional payments may afterwards be made by check. Checks returned will not be redeposited. The Resident will be notified by a 3 day notice, and will be required to pay the amount due, including the bad check charge, in cash. Resident is aware that Owner may report past due rent, damages, utilities or other costs owed by Resident to credit reporting agencies. Resident understands this reporting could affect Resident's ability to obtain credit for future housing.
3. **DELIVERY OF RENTS:** Rents may be mailed through the U.S. mail to P.O. Box 104, Austin, CO 81410. Any rents lost in the mail will be treated as if unpaid until received by Owner. It is recommended that payment made in cash or money order be delivered in person to Owner's office at 22159 Hwy. 92, Austin, CO.
4. **LATE FEE:** Rent received after the first of the month will be subject to a late fee of 10% plus (3.00) dollars per day.
5. **BAD CHECKS:** Resident further agrees to pay as a service charge the larger of \$20 or 5% of the amount of any dishonored check, regardless of cause.
6. **PARTIAL PAYMENT:** The acceptance by the Owner of partial payments of rent due shall not under any circumstance, constitute a waiver of the Owner, nor affect any notice or legal eviction proceedings theretofore given or commenced under state law.
7. **ACCEPTANCE OF PROPERTY:** Resident accepts the "AS IS" condition of the property and agrees to immediately notify Owner of any defects that are found. Resident accepts premises in its current state of cleanliness and agrees to return it in a like condition.
8. **APPLIANCES:** The above rental payment specifically EXCLUDES all appliances not permanently affixed. Appliances located at or in the property are there solely at the convenience of the Owner, who assumes no

Rent Amount

Note: security deposits are not an allowable expense, but first and last month's rent are allowable.

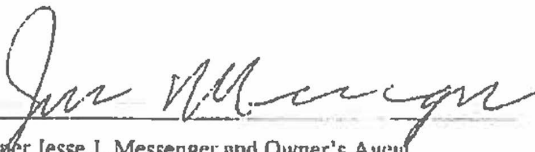
27. **RENEWAL TERM:** At the end of the initial term of this Agreement, Owner may elect to renew for another term but at a rental increase depending on the market index.
28. **OWNER'S STATEMENTS:** All rights given to Owner by this Agreement shall be cumulative in addition to any other laws which might exist or come into being. Any exercise or failure to exercise, by Owner of any right shall not act as a waiver of any other rights. No statement or promise of Owner or his agent as to tenancy, repairs, alterations, or other terms and conditions shall be binding unless specified in writing and specifically endorsed.
29. **COURT COSTS:** Resident agrees to pay all court costs and Attorney's fees incurred by Owner in enforcing legal action or any of Owner's other rights under this Agreement or any state law. In the event any portion of this Agreement shall be found to be unenforceable under the law, the remaining provisions shall continue to be valid and subject to enforcement in the courts without exception.
30. **ACKNOWLEDGMENT:** In this Agreement the singular number where used will also include the plural, the Masculine gender will include the Feminine, the term Owner will include Landlord, Lesser, and the term Resident will include Tenant, Lessee. The below-signed parties acknowledge that they have read and understand all of the provisions of this Agreement. This contract is bound by all heirs, executors, successors and/or assigns.

LEGAL CONTRACT: This is a legally binding contract. If you do not understand any part of this contract, seek competent legal advice before signing.

ACCEPTED THIS 13th day of November, 2018

← **Victim signature redacted**

Resident


 Owner Jesse J. Messenger and Owner's Agent

↑ **Landlord signature**

Note: Copy of entire lease is not necessary. Usually the first and last page will contain necessary information. Required information:

- Landlord name
- Rent amount (usually on first page, but may be on the second page)
- Signature page to ensure contract agreement (usually found on last page)
- If landlord name does not match vendor name to be used on payment, there must be documentation to explain the difference
- Victims name, address, signature/ any initials must be redacted.

Agency Expense Authorization Form

[Redacted] INC.

Check Requisition

Vendor # _____ Date: 11/13/18

PAYMENT TO: Name: Jessie Messenger

Address: PO Box 104
Austin, CO 81410

CHECK TO BE MAILED TO ABOVE

OTHER DISPOSITION OF CHECK: _____

REASON FOR PAYMENT:

First and last month's rent for housing client CF-1110

Victim name is not used

ACCOUNTING APPROVAL

Account Number	Grant	Amount
<u>5180-6832</u>	<u>DVVOCA [Redacted] 18</u>	<u>\$1800.00</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		<u>\$1800.00</u>

Amount includes first and last month's rent

SIGNATURE [Redacted]

APPROVED BY [Redacted]

Payment Authorization

SUBMIT ORIGINAL TO ACCOUNTS PAYABLE

UTILITIES ASSISTANCE EXAMPLES

Agency Expense Authorization Form

[Redacted] INC.

Check Requisition

Vendor # _____ Date: 11/5/2018

PAYMENT TO: Name: BlackHills Energy

Address: PO-Box 6001

Rapid City SD 57709-6001

CHECK TO BE MAILED TO ABOVE

OTHER DISPOSITION OF CHECK: Include ct address with check so Black Hills can credit the amount to the correct account

REASON FOR PAYMENT:

Client name not used

Natural gas bill for housing ct CF-1031

ACCOUNTING APPROVAL 

Account Number	Grant	Amount
<u>5180-6834</u>	<u>DVVOCAHOUSES180-18</u>	<u>\$69.75</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$69.75

Payment Authorization

SIGNATURE [Redacted]

APPROVED BY 

SUBMIT ORIGINAL TO ACCOUNTS PAYABLE



PO BOX 6001
RAPID CITY SD 57709-6001



Account Number: [REDACTED]
Service For [REDACTED]

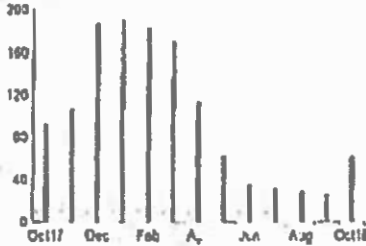


Billing Date	Oct 19, 2018
Balance Forward	168.02
Current Month Charges - Due 11/08/18	69.75
Total This Bill	\$235.77

Scan to Pay Now

www.blackhillsenergy.com | Make a Payment 1-866-537-9039 | 24-Hour Emergency 1-800-694-8969 | Customer Service: 1-866-890-555

Your gas use at a glance (in Therms)
for 327 1006 HL
Meter SG621802



	Days	Therms/Day	Cost/Day
This Month	29	2.14	\$2.41
Last Month	30	6.7	\$1.23
Last Year	30	3.10	\$3.20

Your Account Summary (see following page for details)

Previous Bill Total	\$202.78
Payments	THANK YOU 36.76 CR
Balance Forward	168.02
Current Month Charges	69.75
Gas Service	
Total This Bill	\$235.77

Note: Past due utility charges are not allowable. Only current charges are allowable for emergency funds utility assistance.

If you smell natural gas, leave the premises immediately and call Black Hills Energy at 1-800-694-8969 or call 911.

Your account contains a balance forward that must be paid immediately to stop collection activity.

Black Hills Cares helps eligible customers with their energy needs through tax-deductible donations from other customers like you. To give, round up your bill to the next dollar and donate the difference or select a recurring monthly or one-time donation. Visit us online to learn more.

Detach here and return the bottom portion with your payment



PO BOX 6001
RAPID CITY SD 57709 6001

02339

Account Number: [REDACTED]

Balance Forward	168.02
Current Month Charges - Due 11/08/18	69.75
Total This Bill	\$235.77
Make checks payable to: Black Hills Energy	
ENTER AMOUNT ENCLOSED:	

To give to Black Hills Cares round up your monthly bill to the next dollar. You can also make a recurring monthly or one-time donation.

Round Up \$5 \$10 Other \$ One-time \$



Victim name and address redacted



BLACK HILLS ENERGY
PO BOX 6001
RAPID CITY SD 57709 6001

7629632614000002357700000235772311



www.blackhillsenergy.com/eBILL

Agency Expense Authorization Form

304
623
424
169

CVS/VOCA Grant Funds Request

Client Name & File # [redacted] / CF-4176 Date: 1/10/18

Address: [redacted], Apt. 90, Longmont, CO

Phone Number: [redacted] Safe?: Yes No

Advocate: Ashley [redacted]

Amount of financial assistance requesting: \$67.47

For purpose of:

Please describe (include any other resources client has applied for):
Client is experiencing short-term financial difficulties and needs support in paying for her utilities.
She is currently applying for LEAP (for heating costs) and she expects being able to pay for the rest of her utilities starting next month.

Payable to: City of Longmont Utility Billing

Contact information for payee: [redacted] account number: 507413-[redacted]

Address: [redacted]

Phone: 303-[redacted] (Billing) Email: —

INTERNAL OFFICE USE ONLY:

Approved: Yes No

If no, reason:

Amount Approved: \$67.47

Check #:

Check Issued Date:

Check Sent Date:



CITY OF LONGMONT
STATEMENT FOR UTILITY SERVICES

Customer: [REDACTED]

Account No: 507413 [REDACTED]

Service Address:
[REDACTED] APT 90

Bill date: 12/20/17

Last account balance: \$50.39
Thank you for paying: \$0.00
Balance DUE NOW \$50.39
Current charges
Due 01-13-2018 \$67.47

TOTAL DUE \$117.86

PAY ONLINE
www.LongmontColorado.gov

PAY OVER THE PHONE WITH
CREDIT CARD 303-774-4370

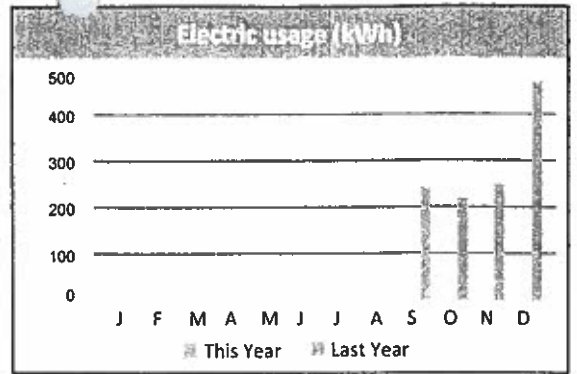
BILLING INQUIRIES 303-651-8664
FOR SERVICE INQUIRIES

Longmont Power & Communications:
303-651-8386
To report a power outage: 303-776-0011
Water/wastewater: 303-651-8468
Trash/recycling: 303-651-8416



ELECTRIC SERVICES

Electric subtotal \$35.49
Monthly service fee \$12.40
3.275% city sales tax \$1.57
TOTAL ELECTRIC SERVICE \$49.46



SEE BACK FOR USAGE DETAILS

OTHER SERVICES

Storm drainage \$13.05
Parks and greenway maintenance \$2.00
fee
Waste Management Fee \$2.96
TOTAL OTHER SERVICES \$18.01

Save time, save money!
View and pay your utility bill online

Sign up at LongmontColorado.gov for online utility billing. Receive your bill by email and pay with a credit or debit card through our secure online payment system.

CITY OF LONGMONT
STATEMENT FOR UTILITY SERVICES



Utility Billing Division
417 BRIDGE ST #02LNGMNT
DANVILLE, VA 24541

Customer: [REDACTED]
Account No: 507413 [REDACTED]
Service Address: [REDACTED] APT 90
Your previous balance (DUE NOW) \$50.39
Current charges Due 01-13-2018 **\$67.47**
Total Due \$117.86

Amount Enclosed \$

7285 1 AB 0.400
*****AUTO**ALL FOR AADC 800 082861 7431 35 S007285



[REDACTED] S
BOULDER CO 80306-0858

CITY OF LONGMONT UTILITY BILLING

350 KIMBARK STREET
LONGMONT, CO 80501-5500



SP 16 470820

SUPP-OP #15

VOUCHER

Date 1/11/18
 To CITY of Longmont
 For CF 4176 UTIL.
 Date Written _____

Voucher # 2018- 020
 Authorized by KY
 Check # 30600
 Date Mailed _____

	Amount
<u>5222-198.008</u>	<u>67.47</u>

TOTAL

\$ 67.47



[Skip to main content](#)
Check Details

Check Number 30600
 Date Posted 01/19/18
 Check Amount \$67.47

	WELLS FARGO BANK, NA COLORADO wellsfargo.com 20-771020	30600
PAY TO THE ORDER OF <u>City of Longmont</u>		\$ <u>67.47</u>
<u>Sixty-Seven and 47/100</u>		DOLLARS
<u>City of Longmont</u>		
MEMO	Page 17 of 22	
<u>Acct 507413 68018</u>		

Victim Name Redacted

Victim Address Redacted

Account Number [Redacted] Page 2

Details of Current Charges -- Gas Service for [Redacted]

Rate Schedule WS R1 (CO104)

Meter Number 80821802

Reading 10/18/18 3730

Reading 09/19/18 3658

29 days

72 Hundred Cubic Feet (CCF)

x 0.8405 Gas Pressure Factor

x 1.0240 BTU Factor

82 Total Billable Therms

2.14 Therms

3.10 Therms

Your average daily usage was

Last year this period it was

Billing Details for 09/19/18 - 10/18/18, 29 days.

Customer Charge 11.49

Distribution Chg 62 Therms @ \$0.2383 14.77

DSMCA 0.56

DSMCA 62 Therms @ \$0.0117 0.73

Commodity Cost 62 Therms @ \$0.3223 19.98

Upstream Cost 62 Therms @ \$0.2837 17.59

Franchise Fee \$65.12 @ 3% 1.95

City Sales Tax \$67.07 @ 2% 1.34

County Sales Tax \$67.07 @ 2% 1.34

Total Charge (Inc Service) **\$88.78**

Payments:

10/09/2018

36.76 CR

Total Payments

\$36.76 CR

Deposit Billing Summary:

Total deposit required 266.00

Deposit on hand 98.98

Total deposit unpaid \$166.02

Important Information

For a complete description of terms and fees on your bill or for more tariff or rate schedule information, please contact us or visit www.blackhillsenergy.com/rates.

Access your account at www.blackhillsenergy.com to

Update your mailing address

Enroll in Automatic Bank Transfer for electronic payments

Sign up for eBill to receive paperless bills and make FREE online payments

Obtain PDF copies of previous bills

View usage, billing, payment history, and more!

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

LEGAL SERVICES EXAMPLES

[REDACTED] LLC
 [REDACTED] Suite 201
 Parker, CO [REDACTED]
 United States
 [REDACTED]

INVOICE

[REDACTED] LLC

Balance \$750.00
Invoice # 00219
Invoice Date January 23, 2018
Payment Terms
Due Date

Lawyers for Victims Program

Flat Fees

Date	Item	Description	Amount
01/23/2018	Flat Fee		750.00
Flat Fee Total:			\$750.00

Time Entries

Date	EE	Activity	Description	Rate	Hours	Line Total
Non-billable Time Entries:						
11/14/2017	VR	Legal Services	Download protection order documents and review; telephone call with client re: hearing.	250.00	0.4	100.00
11/14/2017	VR	Legal Services	Drafted documents; 1) Consent to Represent, 2) Notice of Completion and 3) Notice of Limited Appearance	250.00	0.3	75.00
11/14/2017	VR	Legal Services	Called client to review case. Left a message.	250.00	0.1	25.00
11/15/2017	VR	Legal Services	Telephone call with witness for client.	250.00	0.5	125.00
11/16/2017	VR	Legal Services	Telephone call with client re: proof of service and police report.	250.00	0.1	25.00
11/16/2017	VR	Legal Services	Telephone call with client re: testimony.	250.00	1.0	250.00
11/16/2017	VR	Legal Services	Called client at 1:17 PM Regarding Proof and Copy of report. Left a message	250.00	0.1	25.00
11/16/2017	VR	Legal Services	Sent Copy of Service in the mail and copy of police report.	250.00	0.2	50.00
11/18/2017	VR	Legal Services	Review police report; draft testimony for client and witnesses; prepare exhibits.	250.00	1.0	250.00
11/18/2017	VR	Legal Services	Called witness, [REDACTED]	250.00	0.2	50.00
11/20/2017	VR	Legal Services	Talked to witness, [REDACTED]	250.00	0.5	125.00

11/20/2017	VR	Legal Services	Called client to review the case. Left a message.	250.00	0.1	25.00
11/20/2017	VR	Legal Services	Called witness, ██████████ regarding testimony.	250.00	0.4	100.00
11/20/2017	CAB	Legal Services	drafted Subpoena to Attend	125.00	0.3	37.50
01/22/2018	VR	Legal Services	Attend permanent protection order hearing 9:15 a.m. - 11:15 a.m.	250.00	2.0	500.00

Totals: 7.2 \$0.00

Notes:

██████████ LLC has provided serviced as part of the Lawyers for Victims Program

Flat Fee Sub-Total:	750.00
Time Entry Sub-Total:	0.00
Sub-Total:	750.00
Total:	750.00
Amount Paid:	0.00
Balance Due:	\$750.00

2016-VA [redacted]

CO 80304

Agency Expense Authorization Form

CONSULT/CONTRACT #2

VOUCHER

Date: 2.8.18

Voucher Number: 20-18 076

To: [redacted] Law Firm

For: LFVP Check #: 30676

Date Written: 2-8-18 Date Mailed: 2/9 Authorized by: Suzy Smith, LVP Program Manager

Account Charged To	Amount
<u>5175-095-005</u>	<u>750.00</u>

Total Amount of Check: 750.00



30676

[redacted] Law Firm	Original Amt.	Balance Due	2/8/2018 Discount	Payment
Date	750.00	750.00		750.00
1/23/2018			Check Amount	750.00
Type				
Bill				
Reference				
00219				

Cash - Checking 750.00

CHEQUELINK 720-890-4711(LB1064LB) 6316194