NORTH Dakota
Be Legendary.

REQUEST FOR REIMBURSEMENT FOR ATTORNEY FEES AND EXPENSES

NORTH DAKOTA COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
SFN 59361 (05-2026)

NDCLCI
300 2nd Avenue NE,
Suite 212
Jamestown, ND 58401
Phone: (701) 845-8632
Email: clcivc@nd.gov

Name of Attorney Making Request			Date
Email Address			Telephone Number
Address	City	State	ZIP Code
Client Name	Judicial District		County of Case

Select Case Type
◯ District Court ◯ Juvenile Court ◯ Appellate ◯ Post-Conviction

Interim Billing	Hourly
◯ Yes ◯ No	◯ Yes ◯ No

Case Number	Offense	Severity
Case Number	Offense	Severity
Case Number	Offense	Severity
Case Number	Offense	Severity

Is Invoice Attached ◯ Yes ◯ No

Remit Payment to ◯ Firm ◯ Vendor

Date of Service	Itemized Service	Time (nearest .1 hour)	Rate	Total
			Invoice Total	

I certify this statement is true that the expenses or fees were incurred in the current fiscal year (July 1 - June 30) and that no compensation for the fees and costs set forth has been received.

Attorney Signature	Date

Submit to clcivc@nd.gov