

# REQUEST FOR PAYMENT FOR COURT APPEARANCE

## Administrative Office of the Courts

Nashville City Center, Suite 600 • 511 Union Street, Nashville, TN 37219 • Phone (615) 741-2687 • Fax: (615) 532-9481

<b>REPORTER NAME</b>	
<b>EDISON #</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP CODE</b>	<b>COUNTY OF RESIDENCE</b>
<b>TELEPHONE NUMBER</b>	

<b>INVOICE NUMBER</b>
<b>CONTRACT#</b>
<b>JUDICIAL DISTRICT</b>
<b>COURT IN WHICH PROCEEDING HELD</b>
<b>OFFICIAL COURT REPORTER</b>

Appearance Date	Location (COUNTY)	Total Number of Hours Worked in Court (do not include lunch period)	Hours Worked in Excess of 8 hours	Per Diem Fee	Fee for Additional Hours Worked (# hrs x \$25)	Mileage (current mileage rate = .655)		
						TO	FROM	TOTAL MILES

Per Diem Fee
Fee for Addt'l Hrs Worked
Mileage Amount

<b>TOTALS</b>			
<b>GRAND TOTAL (add all totals together)</b>			

- The official court reporter named above was unavailable to be in court due to the following reason(s):  
 Sick Leave     Court-Approved Leave     Workload Relief     Other \_\_\_\_\_
- There is no official court reporter assigned to this court.
- I am the primary/designated court reporter for this court.

I certify that I was the per diem court reporter for this court for the date(s) reported above.

\_\_\_\_\_  
Signature of Court Reporter

\_\_\_\_\_  
Date

I certify that the per diem court reporter named above worked in my court on the reported date(s).

\_\_\_\_\_  
Signature of Judge

\_\_\_\_\_  
Date