

## Request for Reimbursement Detention for Outpatient Evaluation

Please remit completed form to: Administrative Office of the Courts, Attn: Juvenile Court Reimbursement  
511 Union Street, Suite 600, Nashville, TN 37219

Name	Social Security Number	Race	Date of Birth
Highest Grade Completed	Gender	Charge	
County	Judge		

### Detention Evaluation

Facility	
Date of Admission	Date of Release

**Please check each box to indicate that the referenced documents are attached to this form**

Outpatient Evaluation Order  
 Contract with Detention Facility  
 Invoice from Detention Facility  
 Proof of Payment

Total Charge	
to County:	_____
Reimbursement Rate:	X _____
Total Reimbursement	
Request:	_____

### Transportation Expenses

Date	Place Left	Place Arrived	Mileage	Mileage Amount

**I hereby certify that this claim is true & correct:**

Signature	Date
Title:	

**Grand Total:** \_\_\_\_\_

This field totals all reimbursements and mileage amounts