

THE SUPERIOR COURT OF CALIFORNIA
COUNTY OF EL DORADO

PRO TEM APPEARANCE INVOICE

Please submit the completed invoice to:

Email: Zrussell@eldoradocourt.org	Mail: Superior Court of California, County of El Dorado ATTN: Zuzana Russell, Operations Supervisor 1354 Johnson Blvd South Lake Tahoe, CA 96150
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REPORTER'S INFORMATION

First Name (Print):	Last Name (Print):	Date:
CSR Number:	Invoice Number:	Email:
Address:		

CASE INFORMATION

Type of Case/Matter:

APPEARANCE FEE ONLY/PER DIEM:

Date(s):	Department:	Judge:	
		½ Day \$175.00	\$
		Full Day \$350.00	\$
		X \$0.585	\$
TOTAL AMOUNT DUE: \$			

I declare under penalty of perjury under the laws of the State of California that the information that I have provided is true and correct.

Date

Signature