

**Superior Court of California, County of Santa Barbara  
Statement for Forensic Evaluation Services**

Name: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Type of Evaluation \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_  
\* If EC 730 evaluation, send invoice to Public Defender

Location \_\_\_\_\_ Fee Claimed: \$ \_\_\_\_\_  
SB SM LOM  
CIRCLE ONE

*The undersigned, under penalty of perjury, states that all items on this claim are true and correct, that no portion has been paid, and that said claim is made within one year after the services were rendered.*

Dated: \_\_\_\_\_  
\_\_\_\_\_ Claimant's Signature

**For Court Use Only**

*I verify the appointment of the doctor, services enumerated herein have been performed, report has been received, and the amount claimed is due the claimant.*

Dated: \_\_\_\_\_ by: \_\_\_\_\_

**For Court Fiscal Use Only**

G/L Acct	Cost Center	Fund	F/Area	Location	Amount
939002	422500	110001	1212		\$
939009	422500	110001	1100		\$

Parked By / Date	Posted By / Date