

**ALASKA COURT SYSTEM  
SCREENING INVESTIGATION BILLING FORM**

**Case Information**

Respondent: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Judicial Officer: \_\_\_\_\_

**Provider Information**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_  
Address: \_\_\_\_\_

**Screening Investigation**

Date of Appointment: \_\_\_\_\_

Date of Screening Report: \_\_\_\_\_

Services Provided (please use additional sheets if necessary):	Time (in tenths of hours)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**Amount Submitted for Payment \$** \_\_\_\_\_

I certify that my services in this case are completed and the facts stated above are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

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**FOR COURT USE ONLY**

Amount approved: \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Aesha Pallesen  
Administrative Attorney