

**ALASKA COURT SYSTEM
JUROR COUNSELING BILLING FORM**

Juror Information

Juror Who Received Counseling (juror number, **not** juror name): _____

Jury Panel: _____ Name of Judge: _____

Jury Served On: Trial Jury

Case number: _____

Grand Jury

Hearing date: _____ Location: _____

Counselor Information

Print or Type Counselor's Name

Tax I.D. Number

Address

Phone Number

City State ZIP

Email

Billing Information

Type of Session: Group Individual Number of Sessions _____

Dates of Counseling Sessions: _____

Hourly Rate _____ x Total Hours _____ = _____
Total Amount Billed

Are additional sessions needed? No. Yes, I anticipate _____ additional hours.

Attach an invoice or billing record to this form. If you do not have one, please explain:

Date

Counselor's Signature

Court Use Only

Recommend Approval _____
Judge's Signature Date

Approved by _____
Administrative Officer's Signature Date

For Acct. Purposes: Object Code: 3063 Activity Code: JURC