CO-17A Attorney Invoice
Rev 7/2016

INVOICE FOR SERVICES AS ATTORNEY STATE OF CONNECTICUT

PROBATE COURT ADMINISTRATION

Invoice Number	Invoice Amount	SSN XXX-XX- OR FEIN -
	$ 0.00	

Vendor Information:

Payee Name:

Address:

Address:

City: State: Zip Code:

Probate Administration Use Only:

Voucher #__________________

FOR SERVICES PERFORMED AS AN ATTORNEY IN THE MATTER OF:

Invoice for service must be received at the local court within 6 months from the date services were rendered.

Date of Service	Description of Services Rendered	Type of Service Prep Time/ Hearing Time	Unit Price $50 Prep time/ $75 Hearing (1st hour only)	Time (.1 Hr.)	Amount
			TOTAL	0.0	$ 0.00

Reset Form

Send completed invoice to the appointing Probate Court for Judge's certification. The Probate Court will send the certified invoice to Probate Administration for payment. For questions about fee schedule, completing an invoice, payment status or check amount, call (860) 231-2442.