

**Benton County Office of Public Defense**  
**Uniform Claim for Compensation – Legal Services (FA-3)**

1. Attorney of Record		2. Issue Payment To (if different):	
3. Case Name (if applicable)		4. Court/Jurisdiction: <input type="checkbox"/> Benton Superior  <input type="checkbox"/> Benton District	5. Case Number (if applicable)  <input type="checkbox"/> Sealed <b>Note: this does not seal the case.</b> * Attorney is responsible for obtaining court order. * Attach original sealing order to claim.
6. Claim for compensation for:  <input type="checkbox"/> Homicide case <input type="checkbox"/> Persistent Offender case <input type="checkbox"/> Other approved per hour case <input type="checkbox"/> Arraignment Docket <input type="checkbox"/> Trial per diem (list dates)  <input type="checkbox"/> RALJ Appeal <input type="checkbox"/> Overflow by-the-case <input type="checkbox"/> Other (describe)		7. Maximum authorized amount for case/contract (if applicable) \$ <hr/> 8. Amounts previously paid out of maximum (if applicable) \$ <hr/> 9. Amount being requested in this Claim for Compensation \$	(Office use only)

I hereby certify under penalty of perjury as provided for by the laws of the State of Washington that:  
- pursuant to the terms of the contract referenced above, I am entitled to the amount of compensation claimed above;  
- the attached detailed billing statement is true and accurate to the best of my knowledge;  
**This Claim for Compensation must be accompanied by a detailed billing statement in order for payment to be approved.**

\_\_\_\_\_  
Attorney of Record

\_\_\_\_\_  
Date

To the Benton County Auditor – You are hereby requested to disburse the amount stated in the box below directly to the attorney of record identified above.

<b>OPD Approval</b>		<b>Amount:</b>	
Authorized signature	Date	Counter signature (for Claims over \$10,000)	Date

*Upon conviction the Benton County Clerk may assess these costs directly upon defendant*

Benton County Office of Public Defense  
7122 W Okanogan Pl, Bldg A  
Kennewick, WA 99336  
Tel: (509) 222-3700 Email: opd@co.benton.wa.us

## INSTRUCTIONS FOR COMPLETING THIS FORM (FA-3)

*Please follow these instructions as closely as possible. This form has been developed to comply with court rules and county-specific vendor payment policies/protocols. Deviation from instructions may result in delays in the issuance of your compensation voucher.*

**IMPORTANT** This form, FA-3, is for use by attorneys in claiming compensation for legal services they have rendered on behalf of OPD. Please use Form FA-2 if you are a vendor other than an attorney and wish to claim compensation for services you have rendered on behalf of OPD.

### General Instructions

1. This form may only be used when services have been completed and compensation is due (please see the list of items that the person signing the form is declaring under penalty of perjury). Among other things, this form **is not** to be used to request funding authorization or to provide OPD with a funding proposal or services estimate.
2. If this is the **first time** you have submitted a Claim for Compensation to OPD, **please make sure you have also submitted an IRS W-9 form**. This form is necessary before your vendor account is created and no compensation can be made without such an account.
3. Submitting just a completed Claim for Compensation is not sufficient. All Claim for Compensation forms must include a detailed billing statement (such as you would send to any other client). Please see your contract for details on what your statement must include.
4. Please make sure this form is completed in **blue ink**. All boxes must be filled out (see instructions for specific boxes below).
5. Please refrain from sending any courtesy copies of this form by email or otherwise. Only an original of this form may be used by OPD for any purpose. Advance copies do nothing to speed the process along.
6. You should expect to receive compensation for your services within 30 days. Unless you truly believe something is amiss, please do not inquire about the status of your compensation before that time. If you must inquire, please use our email address: [OPD@co.benton.wa.us](mailto:OPD@co.benton.wa.us). That is the best way to ensure that your inquiry is noted and responded to quickly.

### How to Fill out the Form

1. Enter the full name of the attorney of record in the space provided.
2. If compensation is to be made to someone other than the attorney of record (such as a law firm), please provide the full name of the other person or entity. If an entity, please make sure any appropriate suffixes are provided and that this entity name matches what is listed on your submitted W-9. *Hint:* Mismatched W-9 forms are one of the most common and potentially time-consuming reasons for delayed compensation.
3. Provide the name (first and last) of the case for which you seek compensation (if applicable). If not applicable, please enter "N/A" instead of leaving it blank.
4. Check the appropriate box indicating the jurisdiction in which the case for which you seek compensation was filed.

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5. Provide the case number of the case for which you seek compensation (if applicable). If not applicable, please enter "N/A" instead of leaving it blank. If you wish to have records associated with your claim sealed, then **you are responsible for obtaining an appropriate court order and including the original with your claim. If such a court order accompanies your claim, then please check the "sealed" box. It is not sufficient to simply check the box without obtaining the court order – that will be insufficient to seal the record.**
6. Specify the type of case/service for which you seek compensation. If you are claiming compensation for trial per diem, provide the dates of the trial in the space provided.
7. If there is a contractual maximum compensation, enter it in this space. If you have obtained court orders/administrative approval amending/increasing this maximum compensation amount, then enter the cumulative authorized maximum amount.
8. Enter the cumulative total compensation you have previously claimed for this same matter.
9. Provide the amount of compensation you are requesting in **this particular Claim for Compensation**. This amount must match the amount listed in your invoice.
10. The completed Claim for Compensation may be signed by either the attorney of record or an authorized representative from the attorney's law firm.

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