

~ Juvenile Defense Case ~
Benton County Office of Public Defense
 Uniform Claim for Compensation (FA-2J)

1. Name of service provider (please specify corporate/LLC/partnership names exactly as registered to ensure prompt payment by the Auditor's Office)			
2. Case Name		4. Case Number	
3. Court: <input type="checkbox"/> Benton Superior <input type="checkbox"/> Benton District		5. Attorney of Record (printed name) <input type="checkbox"/> Sealed <i>Note: This does not seal the case.</i> <i>*Attorney is responsible for obtaining court order.</i> <i>*Attach original sealing order to claim.</i>	
6. Type of service utilized <input type="checkbox"/> Investigator <input type="checkbox"/> Expert (specify) <input type="checkbox"/> Misc expenses (specify)		7. OPD Issued Tracking Number (MANDATORY)	
		8. Total Funding Approved \$	
		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:

- the services described above were rendered by the organization referenced above
- the services were rendered on behalf of the stated defendant
- the amount being requested in this Claim for Compensation has not been paid to the service provider from any other source
- the 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.

 (Signature) Attorney of Record or
 Service provider

 Date

To the Benton or Franklin County Auditor – You are hereby requested to disburse the amount stated in the box below directly to the service provider identified above.

OPD Approval		Amount:	
Authorized signature	Date	Counter Signature (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-2J)

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-2J, is for use by vendors providing services other than attorney/legal services. Please use Form FA-3J if you are an attorney and wish to claim compensation for legal 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). If you have a contract with OPD, then this statement must meet the requirements of the contract. Otherwise, **it must at least indicate the date the services were provided, the case name and number, a description of the services and the total amount(s) being billed.**
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. That is the best way to ensure that your inquiry is noted and responded to quickly.

How to Fill out the Form

1. Please provide the full name of your business including a proper suffix to identify its entity if applicable (such as PLLC, Corp, Inc., etc). Also, please make sure that the name of your business in this box matches the name of your business as provided in your W-9. If there is a mismatch, your compensation will be delayed until a correction is made.
2. Enter the full case name (first and last). If you are claiming compensation for multiple cases, you must complete a Claim for Compensation form for each one.
3. Check the box corresponding to the court in which the matter for which services were provided is pending.

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4. Provide the complete case number. Check the "Homicide/Strike" box if this is a Homicide case or 3-Strike case that is assigned to an attorney who is paid on an hourly basis for the work
5. Provide the full name of the attorney of record on the case. Check the "sealed" if you want the billing in this case to remain under seal **and if you have requested and received a court order directing it to be sealed. It is your responsibility to obtain such an order AND to provide an original of it with the completed Claim. Just checking the box does not do anything.**
6. Specify the type of services provided. If it is a "miscellaneous" or "expert" service, please provide additional details in the space provided.
7. The OPD issued tracking number **is mandatory**. No Claims can or will be paid without it. If you have lost your tracking number, please contact OPD by email and request it.
8. Provide the original maximum funding amount.
9. Provide the amount of compensation you are requesting in **this particular Claim for Compensation**. This amount must match the amount listed in your billing statement.
10. The completed Claim for Compensation may be signed by either the attorney of record or an authorized representative from your business. It should be someone who can attest to the fact that the services were provided as represented.

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