IV-D LEGAL SERVICES BILL

DSS-2239 (2/82)
Child Support Enforcement

Attorney/Law Firm:_____ County _____

Agency to be Billed: _____ For the Month of:_____19 _____

Case Name	Date(s)	Total Time Worked		BASIC SERVICES PERFORMED
		In Court	Out of Court	
Total No.Hours for the month				
Hourly Rate				
Net Cost: Multiply No.hours by hourly rate		(a)	(b)	
Additional Cost: **Court Cost, Filing Fees, and Approved Training**		(c)		
Total amount of bill (a + b + c)				

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Attorney/Law Firm Signature