

**ALASKA COURT SYTEM
BILLING FORM FOR POST-TRIAL JUROR COUNSELING**

Case Name _____

Case Number _____

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

Name of Trial Judge _____

Counselor Information

Print or Type Counselor's Name

Tax I.D. Number

Address

Phone Number

City State ZIP

Billing Information

Type of Session: Group Individual Number of Sessions _____

Dates of Counseling Sessions: _____

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

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