COURT INVESTIGATOR'S ITEMIZATION OF SERVICES Page ____ of ____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

ITEMIZATION OF SERVICES

(*shall not include travel nor time for preparation of this form)*

ATTACH THE FOLLOWING: A COPY OF APPOINTMENT, A COPY OF THE REPORT AND A COPY OF ANY APPROVED MOTION(S). FAILURE TO PROVIDE THE REQUIRED ATTACHMENTS WILL DELAY PROCESSING OF THIS FORM FOR PAYMENT .

DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK *(Please Specify)*
Total Minutes:			**Total Minutes Divided by 60 = _____ Hours** **X $30.00 per hour = Total Amount: $ _____**

DATE	SIGNATURE OF COURT INVESTIGATOR	PRINT NAME