

# OFFICE OF THE CHILD'S REPRESENTATIVE MENTORING PROGRAM BILLING FORM

This form is for non-case-related work only. All case-related  
consultation and litigation support must be billed in CARES.

PAYABLE TO (MENTOR): \_\_\_\_\_

MENTEE: \_\_\_\_\_

DATE	HOURS	EXPLANATION

**TOTAL HOURS BILLED:**

I certify that the statements in the above are true and actual in all respects; that payment of the amounts claimed therein has not been received; that my schedule of expenses was incurred by me on official OCR business and that all charges are supported by actual documentation, as necessary, which are attached.

**Payee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Download this blank form at <http://www.coloradochildrep.org/attorney-center/billing/>