

Child Protection Authorization Instructions

To request an authorization to incur expenses or reimbursement you first search for the client. Then click on the "Hourly Billing" button.

Accepted						
Man, Bat	1234567	NEG	3/8/2017	New Appeal Review	Download NOA	Hourly Billing
H12-CP17-123456-A	Attorney		3/8/2017			
Man, Bat	CH					

On the hourly billing screen choose the "Add Expense Request" button under the Expense Request tab

Name	Man, Bat	Petition Type	NEG	Date Assigned	3/8/2017	Next Court Date		Accepted
Docket	H12-CP17-123456-A	Stage Of Case		Petition Date	3/8/2017	Next Court Time		
Judicial ID	1234567	Capacity	Attorney					

Time Entries	Expense Requests	Expense Invoice Submissions					
Add Expense Request							
Date	Expense	Vendor Firm	Status	Vendor-Total Cost Estimate	Amount Approved	Amount Submitted	
3/8/2017	transcript order	Official Court Reporter	Approved By Deputy	\$1,000.00	\$1,000.00	\$0.00	View

Choose the appropriate type of expense and fill out the form completely.

Child Protection Expense Request

Child Protection Expense Requests currently involve entering case information manually.

To begin this process please select one of the following:

- [Begin Child Protection Expense Request](#)
- [Child Protection - Appeal / Appeal Review Transcripts](#)
- [Attorney Reimbursement-Child Protection](#)

Complete all sections on the authorization.

If you do not see the vendor you are looking to use listed under "Select Vendor" please contact Jaime.Delarosa@jud.ct.gov or James.Bischoff@jud.ct.gov to have vendor added to system. We will need their vendor ID and contact name and email in order to set them up. If the vendor has not worked for the state before it will take approximately two week for set from the time we receive paperwork from vendor.

Date of Request Type Status

Client Name (Last, First) Docket Number

Case Type(s) (Docket Charges) ASSIGNED COUNSEL APPOINTED

Expense Number

Type of Expense

I HEREBY REQUEST AUTHORIZATION TO INCUR EXPENSE FOR THE FOLLOWING:

I BELIEVE THIS SERVICE IS NECESSARY FOR THE FOLLOWING REASON(S):

I have contacted (name of Vendor Firm):

Name of Service Provider at Firm:

The hourly/flat rate cost will be: Please only enter numbers in these fields ex: 1000 or 200 or 575

This authorization seeks current approval in the amount of:

After conferring with the vendor, the total anticipated cost for this case, exclusive of possible testimony is:

There further costs from this same source (e.g. testifying at trial, etc.) as a result of this service.

The client pay or obtain assistance in the payment of costs to be incurred or any portion thereof.

ADDENDUM TO AUTHORIZATION TO INCUR EXPENSES

Case Summary

Description of Expert

What provider will be doing to assist in defense

Necessity

Deputy's Office Notes

To Approve Expenses:

Click the Expense Invoice Submissions tab and Click the "View" button to review invoice. Review any invoice pending to ensure it is correct. Click Approve if correct or Decline and inform the vendor of your reason for declining the invoice (i.e, missing date; wrong total; work not performed)

Billing Details						Return to Assignments		
Name	Man, Bat	Petition Type	NEG	Date Assigned	3/8/2017	Next Court Date		Accepted
Docket	H12-CP17-123456-A	Stage Of Case		Petition Date	3/8/2017	Next Court Time		
Judicial ID	1234567	Capacity	Attorney					

Time Entries	Expense Requests	Expense Invoice Submissions			
Status	Vendor Name	Vendor Number	Invoice Amount	Created On	
Pending	Official Court Reporter	Transcripts	\$0.00	4/19/2017 2:01:33 PM	View

Invoice	Digital Receipts-Documents	Invoice Amount	\$0.00	Status	Pending																				
Invoice Date Created	4/19/2017	Invoice Number	(if applicable)	Court	Hartford Juvenile Court																				
Vendor Number	Transcripts	Invoice Payable To	Official Court Reporter	Client Name	Man, Bat																				
Payment Address		Assigned Counsel Appointed		Docket Number	H12-CP17-123456-A																				
City/State/Zip		Assignment Docket Number			H12-CP17-123456-A																				
<p>Please enter your flat rate information as necessary:</p> <p>Hourly Rate: \$3.00 Mileage Rate: \$0.375 Flat Rate: enter amount below: <input type="text" value="Enter Flat Rate"/></p> <p>Add new Line Items to your invoice using the buttons below:</p> <p>+New Time Billed +New Mileage +New Flat Rate</p> <p>Add/Edit Staff Add (AM/PM) after time entry</p> <table border="1"> <thead> <tr> <th>Hour/Mile</th> <th>Date</th> <th>Staff for Time billed</th> <th>Description</th> <th>Start Time</th> <th>End Time (AM/PM)</th> <th>Hours</th> <th>Miles</th> <th>Rate</th> <th>Subtotal</th> </tr> </thead> <tbody> <tr> <td>Transcripts</td> <td><input type="text" value="Date"/></td> <td><input type="text" value="m"/></td> <td><input type="text" value="Enter Description"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$3.5</td> <td>\$0.00</td> </tr> </tbody> </table>						Hour/Mile	Date	Staff for Time billed	Description	Start Time	End Time (AM/PM)	Hours	Miles	Rate	Subtotal	Transcripts	<input type="text" value="Date"/>	<input type="text" value="m"/>	<input type="text" value="Enter Description"/>					\$3.5	\$0.00
Hour/Mile	Date	Staff for Time billed	Description	Start Time	End Time (AM/PM)	Hours	Miles	Rate	Subtotal																
Transcripts	<input type="text" value="Date"/>	<input type="text" value="m"/>	<input type="text" value="Enter Description"/>					\$3.5	\$0.00																

Hour/Mile	Date	Description	Start Time	End Time (AM/PM)	Hours	Miles	Rate	Subtotal
Flat Rate	7/18/2017	Spanish translation					\$746.51	\$746.51
							Total Flat Rate	\$746.51
							Total Mileage	
							Total Time Billed	
							Total Invoice	\$746.51

Approved Total Expense Request	\$750.00	Minus	Total ALL Invoices Submitted to Paid status on this Expense Request	\$746.51
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By submitting this invoice I, as the Supervisor of this office, hereby certify that I have reviewed this invoice and the amounts are correct and services performed were requested by the attorney in the case.

[Approve](#)

[Reject](#)