STATE MARSHAL SERVICES INVOICE FOR SERVICE OF PROCESS

FEES INCREASED PER P.A. 14-87 EFFECTIVE OCTOBER 1, 2014

STATE OF CONNECTICUT

JUDICIAL BRANCH

FOR SERVICE OF PROCESS Judicial Use Only - Revised 2-1-2017 EFFECTIVE OCTOBER 1, 2014 ACCOUNTS PAYABLE D										
BUSINESS UNIT JUDM1		DM1	CONTROL GROUP VOUCHER# INVOICE A			INVOICE AMOUNT	JNT			
DOCUMENT DAT			INVOICE DATE		ACCOUNTING DATE		VENDOR FEIN			
<u></u>										
PAYEE	PAYEE NAME								PAYEE'S TELEPH	HONE NUMBER
	TITLE									
	ADDRESS							PAYEE'S FAX NUMBER		
	CITY STATE ZIP CODE									
CASE INFORMATION	COURT INFORMATION: COURT TYPE (JD / JUV / HOUSING / GA) COURT LOCATION									
	AT									
	COURT ADDRESS:									
	DOCKET NUMBER: DATE OF SERVICE:									
	-			V.	-	-				
	CASE NAME: V. NAME OF PERSON(S) SERVED:									
	NAME/TYPE OF DOCUMENT SERVED:									
		V/TOWN)		TO (CTREET ADDRE	CC CITY/TOWAN			MILES	DATE	AMOUNT
MILEAGE RECORD	FROM: (STREET ADDRESS, CIT	1/10WN)		TO: (STREET ADDRE	55, CII 1/10WN)			MILES	\$0.535	AMOUNT
									·	
									\$0.535	
	-								\$0.535	
									\$0.535	
								T0741	\$0.535	
									MILEAGE	
SERVICE FOR OTHERS PAID BY JUDICIAL C.G.S. § 52-261(a)(2)	CEDVICE (Every	an Dantuninia	DESCRIPTION		- 10/-:	2	\	QUANTITY	UNIT PRICE	AMOUNT
	SERVICE (Examples: Restraining Order, Service Authorized by Fee Waiver or Court Order)							\$40.00		
	2ND AND SUBSEQUENT SERVICES - DIFFERENT ADDRESS							\$40.00		
	2ND AND SUBSEQUENT SERVICES - SAME ADDRESS								\$20.00	
	NOTIFICATION OF SERVICE TO ATTORNEY GENERAL'S OFFICE								\$20.00	
	COPY FEES								\$1.00	
	ENDORSEMENT F								\$0.40	
	POSTAGE (Not a s	statutory fee; p	aid only with judge's	approval and	with postal i	eceipt incl	uded)			
								TOTAL FEES		
SERVICE FOR THE JUDICIAL BRANCH C.G.S. § 52-261a			DESCRIPTION					QUANTITY	UNIT PRICE	AMOUNT
	SERVICE (Examples: Service for Judicial Branch Offices or Service Ordered from the Bench)								\$30.00	
	2ND AND SUBSEQUENT SERVICES - DIFFERENT ADDRESS							\$10.00		
	2ND AND SUBSEQUENT SERVICES - SAME ADDRESS								\$10.00	
	COPY FEES								\$0.60	
	ENDORSEMENT F	FEES							\$0.40	
	POSTAGE (Not a statutory fee; paid only with judge's approval and with postal receipt included)									
SE										
			TOTAL FEES							
CERTIFY	INVOICE AMOUNT	GL UNIT	DEPARTMENT	FUND	SID	ACCOUNT F1020	PROGRAM	INVOICE TOTAL		
		STATE		11000	10020	51930 51931	22003			
	I CERTIFY THAT THE SERVICES	S HAVE BEEN PERFORM	IED AND THE EXPENSES INCURR	ED AS STATED WERE	NECESSARY AND		ERED - SIGNATURE			
	I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED WERE NECESSARY AND PROPER, AND THAT THE AMOUNTS CLAIMED ARE THOSE ALLOWED BY STATUTE.									