

**Benton County Office of Public Defense**  
**Uniform Claim for Compensation – Legal Services – Recurring (FA-3R)**  
*Use this form for claiming compensation for any “by the case” contract.*

1. Claimant attorney		2. Issue Payment To (if different):	
3. Jurisdiction <input type="checkbox"/> Benton Superior  <input type="checkbox"/> Benton District	4. No. of actual cases	5. No. of case points	
6. Compensation amount per case point \$		Office Use Only	
7. Total compensation being claimed \$			

I hereby certify under penalty of perjury as provided for by the laws of the State of Washington that:  
- pursuant to the terms of the contract referenced above, I am entitled to the amount of compensation claimed above;  
- the attached detailed billing statement is true and accurate to the best of my knowledge;  
**This Claim for Compensation must be accompanied by a detailed billing statement in order for payment to be approved.**

\_\_\_\_\_  
Attorney of Record \_\_\_\_\_  
Date

To the Benton County Auditor – You are hereby requested to disburse the amount stated in the box below directly to the attorney of record identified above.

<b>OPD Approval</b>		<b>Amount:</b>	
Authorized signature	Date	Counter signature (for Claims over \$10,000)	Date

*Upon conviction the Benton County Clerk may assess these costs directly upon defendant*

## INSTRUCTIONS FOR COMPLETING THIS FORM (FA-3R)

*Please follow these instructions as closely as possible. This form has been developed to comply with court rules and county-specific vendor payment policies/protocols. Deviation from instructions may result in delays in the issuance of your compensation voucher.*

**IMPORTANT** This form, FA-3R, is for use by attorneys in claiming compensation for legal services they have rendered on behalf of OPD pursuant to a public defense contract providing compensation on a “per case” basis. Please use Form FA-3 if you have a public defense contract providing compensation on an hourly basis.

### General Instructions

1. This form may only be used when services have been completed and compensation is due (please see the list of items that the person signing the form is declaring under penalty of perjury). Among other things, this form **is not** to be used to request funding authorization or to provide OPD with a funding proposal or services estimate.
2. If this is the **first time** you have submitted a Claim for Compensation to OPD, **please make sure you have also submitted an IRS W-9 form**. This form is necessary before your vendor account is created and no compensation can be made without such an account.
3. Submitting just a completed Claim for Compensation is not sufficient. All Claim for Compensation forms must include a detailed billing statement (such as you would send to any other client). Please see your contract for details on what your statement must include.
4. Please make sure this form is completed in **blue ink**. All boxes must be filled out (see instructions for specific boxes below).
5. Please refrain from sending any courtesy copies of this form by email or otherwise. **Only an original of this form may be used by OPD for any purpose**. Advance copies do nothing to speed the process along.
6. You should expect to receive compensation for your services within 30 days. Unless you truly believe something is amiss, please do not inquire about the status of your compensation before that time. If you must inquire, please use our email address: [OPD@co.benton.wa.us](mailto:OPD@co.benton.wa.us). That is the best way to ensure that your inquiry is noted and responded to quickly.

### How to Fill out the Form

1. Enter the full name of the claiming attorney in the space provided.
2. If compensation is to be made to someone other than the attorney of record (such as a law firm), please provide the full name of the other person or entity. If an entity, please make sure any appropriate suffixes are provided and that this entity name matches what is listed on your submitted W-9. *Hint:* Mismatched W-9 forms are one of the most common and potentially time-consuming reasons for delayed compensation.
3. Check the box for the jurisdiction for which you are contracted to provide public defense services.
4. State how many cases you are claiming for.

5. State the number of case points you are claiming. This may be the same as the number of cases or your contract may provide a method of calculation that makes this number different.
6. Enter the per-case-point compensation amount for your contract.
7. Enter the total amount of compensation you are claiming. This amount must match the amount listed in your billing statement.