

**PARENT COORDINATION INVOICE FORM**

(Use this form to summarize all parent coordination cases this month)

**MUST BE POSTMARKED BY  
THE 10TH OF NEXT MONTH.**

Month \_\_\_\_\_ Year \_\_\_\_\_

Dept. ID: 2120030313 Fund: 10000 Program Code: 19322

Parent Coordinator \_\_\_\_\_

**Activity Code**

Street Address \_\_\_\_\_

1= meeting or telephone conference with parent

City, State, Zip \_\_\_\_\_

2= meeting or telephone conference with attorney, counselor, etc.

Social Security # \_\_\_\_\_

3= meeting with child(ren)

4= hearing or conference at courthouse

5= documentation

NOTE: IF THIS IS THE FIRST BILLING FOR A CASE, PLEASE HIGHLIGHT THE DOCKET NUMBER.

Docket Number	Co.	Parent	Amount of Time Spent Per Activity - see code above (in hours)					Amount of Time Spent for all activity Hours	Subsidy Rate	Total Owed For This Case x Rate = Total	Final Billing for This Case?	
			1	2	3	4	5				Yes*	No
		Party 1										
		Party 2										
		Party 1										
		Party 2										
		Party 1										
		Party 2										
								<b>(Sub)Total time spent</b>		<b>(Sub)Total Subsidy Payable</b>		

\* If this is a final billing please enclose a case data information form.

Parent Coordinator \_\_\_\_\_

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

Statewide Coordinator \_\_\_\_\_

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