

COURT INVESTIGATOR'S CERTIFICATE OF SERVICES Page 1	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME _____	VENDOR CODE NUMBER	DIVISION
NAME & ADDRESS OF COURT INVESTIGATOR _____ _____ _____ _____ Telephone Number: _____	NAME OF APPOINTING JUSTICE _____	

CERTIFICATION OF COURT INVESTIGATOR

I certify under the pains and penalties of perjury that I have performed the services described in the attached Court Investigator Itemization of Services and that the services and time were necessary and were within the scope of the services for which I have been appointed by the Court to perform.

I further certify that I have filed the original report with the Court as required and have also attached a copy of the report to this form.

DATE	SIGNATURE OF COURT INVESTIGATOR
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CERTIFICATION OF JUSTICE

I have reviewed and approve as appropriate the above named court investigator's attached itemization of services for payment.

DATE	SIGNATURE OF JUSTICE
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COURT INVESTIGATOR'S ITEMIZATION OF SERVICES Page 2 of _____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME _____	VENDOR CODE NUMBER	DIVISION

ITEMIZATION OF SERVICES
(shall not include travel nor time for preparation of this form)

ATTACH THE FOLLOWING: A COPY OF APPOINTMENT, A COPY OF THE REPORT AND A COPY OF ANY APPROVED MOTION(S). FAILURE TO PROVIDE THE REQUIRED ATTACHMENTS WILL DELAY PROCESSING OF THIS FORM FOR PAYMENT.

DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK (Please Specify)

Total Minutes:	Total Minutes Divided by 60 = _____ Hours X \$50.00 per hour = Total Amount: \$ _____
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DATE	SIGNATURE OF COURT INVESTIGATOR	PRINT NAME
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COURT INVESTIGATOR'S ITEMIZATION OF SERVICES Page 3 of _____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME _____	VENDOR CODE NUMBER	DIVISION

ITEMIZATION OF SERVICES
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DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK <i>(Please Specify)</i>

Total Minutes:		Total Minutes Divided by 60 = _____ Hours X \$50.00 per hour = Total Amount: \$ _____
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DATE	SIGNATURE OF COURT INVESTIGATOR	PRINT NAME
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COURT INVESTIGATOR'S ITEMIZATION OF SERVICES Page 4 of _____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
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CASE NAME _____	VENDOR CODE NUMBER	DIVISION
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ITEMIZATION OF SERVICES
(shall not include travel nor time for preparation of this form)

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DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK <i>(Please Specify)</i>

Total Minutes: _____		Total Minutes Divided by 60 = _____ Hours X \$50.00 per hour = Total Amount: \$ _____
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DATE	SIGNATURE OF COURT INVESTIGATOR	PRINT NAME
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