Billing and Order to Pay Evaluation Fee

Defendant:		Case No:	
Provider Information:			
Name			
Address			
City, State, Zip			
Telephone			
Email			
Evaluation Fee			
			(provider) have provided sated for services rendered to
Provider Signature		 Date	
NOW, on this	day of	,	20, the Court finds that
defendant has received a	drug and alcohol ev	aluation and	d is therefore ordered to pay
pe	r K.S.A. 8-1008(d)(1) and DCR	3.314.
		ludge of t	ho District Court

This form must be attached to front of the evaluation in the event that the defendant has not paid the service provider.