



**Psychological Services
Examiner Invoice Checklist**

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Examiner Name: _____ Court Case/File #: _____

MNCIS format: 10-CR-07-123

Court County/Location: _____

Case Type	
<input type="checkbox"/> CD	<input type="checkbox"/> MI/CD/DD
<input type="checkbox"/> DD	<input type="checkbox"/> MI/DD
<input type="checkbox"/> MI	<input type="checkbox"/> MI/DD/D
<input type="checkbox"/> SDP/SPP	<input type="checkbox"/> Rule 20.01
<input type="checkbox"/> CD/DD	<input type="checkbox"/> Rule 20.02
<input type="checkbox"/> MI&D	<input type="checkbox"/> 20.01/20.02
<input type="checkbox"/> MI/CD	

Examiner
<input type="checkbox"/> First Examiner
<input type="checkbox"/> Second Examiner

Alternate rate (if any) _____ per hour – per case.

Optional Comment: _____

Commitment Exam Types	Commitment Exam Types	SDP/SPP - MI & D only
<input type="checkbox"/> 0.17 Petition for Release	<input type="checkbox"/> Recommitment/NT	<input type="checkbox"/> Civil Commitment
<input type="checkbox"/> Civil Commitment	<input type="checkbox"/> Recommitment/ECT	<input type="checkbox"/> .18 Final Determination
<input type="checkbox"/> Commitment/NT	<input type="checkbox"/> Recommitment/NT/ECT	
<input type="checkbox"/> Commitment/ECT	<input type="checkbox"/> Rule 20 Referred Commitment	
<input type="checkbox"/> Commitment/NT/ECT	<input type="checkbox"/> Rule 20 Referred Commit/NT	Rule 20 Exam Types
<input type="checkbox"/> Neuroleptic Treatment (NT)	<input type="checkbox"/> Rule 20 Referred Commit/ECT	<input type="checkbox"/> Inpatient
<input type="checkbox"/> Electroconvulsive Therapy (ECT)	<input type="checkbox"/> Rule 20 Referred Commit/NT/ECT	<input type="checkbox"/> Outpatient
<input type="checkbox"/> NT/ECT		
<input type="checkbox"/> Civil Recommit		

Action	Date	Hours (.25 increments)
Record Review		
Interview		
Report Writing		
Testimony		
Travel		
Psychological Testing		
Other Service		