

ATTACHMENT A
Arizona Title IV-E Legal Pass-Through - Certification of Expenditure Form

REQUEST FOR REIMBURSEMENT

Reporting (Invoice) Period	Quarter	Calendar Year

NAME AND ADDRESS OF PROVIDER

Provider's Legal Name:		
Address:		County Invoice Number (Required)
		Contact Person (Required)
Mail to:	Administrative Office of the Courts- DCSD 1501 W. Washington, Suite 128 Phoenix, AZ 85007	Telephone Number (Required)
OR	Attn: Court Improvement IV-E Specialist	County (Required)
Email to:	Slazere@courts.az.gov	

SUMMARY OF REIMBURSEMENT

Total IV-E Allowable Expenses		
AZ Population Factor		<i>(To be completed by DCS)</i>
Total IV-E Reimbursement		<i>(To be completed by DCS)</i>
# of Attorneys Representing Parents		→ Average Cases per Attorney
# of Attorneys Representing Children		→ Average Cases per Attorney

I certify that this Request for Reimbursement is in accordance with the terms and conditions of the agreement and applicable federal regulations.

Signature and Title of Authorized Representative Date

Submit this form within fifteen (15) days following the end of the first, second, and third quarters.

Submit this form within forty-five (45) days following the end of the fourth quarter, along with the Annual Progress Report.

- Reporting Periods:**
Quarter 1: July 1 - September 30
Quarter 2: October 1 - December 31
Quarter 3: January 1 - March 31
Quarter 4: April 1 - June 30

ATTACHMENT B

Arizona Title IV-E Legal Pass-Through - Certification of Expenditure Form, 2019

REQUEST FOR REIMBURSEMENT

Reporting (Invoice) Period 1/7/2019 12/31/2019

NAME AND ADDRESS OF PROVIDER

Provider's Legal Name:	Cochise County	
Address:		County Invoice Number (Required)
Mail to:	Arizona Administrative Office of the Courts - DCSD 1501 W. Washington Street, Suite 128 Phoenix, AZ 85007	Contact Person (Required)
OR	Attn: Court Improvement IV-E Specialist	Telephone Number (Required)
Email to:	Slazere@courts.az.gov	County (Required)

SUMMARY OF REIMBURSEMENT

	Allowable Expenditures
Jan-19	
Feb-19	
Mar-19	
Apr-19	
May-19	
Jun-19	
Jul-19	
Aug-19	
Sep-19	
Oct-19	
Nov-19	
Dec-19	

Total IV-E Allowable Expenses \$ -
 AZ Population Factor *(To be completed by DCS)*
 Total IV-E Reimbursement *(To be completed by DCS)*

of Attorneys Representing Parents → Average Cases per Attorney
 # of Attorneys Representing Children → Average Cases per Attorney

I certify that this Request for Reimbursement is in accordance with the terms and conditions of the agreement and applicable federal regulations

Signature and Title of Authorized Representative Date

This one time claim must be submitted no later than March 31, 2020.

