

**OHIO DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES  
(OhioMHAS)**

**PROBATE COURT SUBSIDY REIMBURSEMENT INVOICE**

(Section 5122.43 Ohio Revised Code)

ATTACHMENT D

**MASTER INVOICE TALLY**

COUNTY OF: \_\_\_\_\_

CASES HEARD IN THE MONTH OF: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

TOTAL NUMBER OF CASES FOR THIS MONTH: \_\_\_\_\_

TYPE OF COST	# OF INCIDENTS	COURT COST	(To be completed by OhioMHAS)	
			FY14 MHAS BASE RATE	ALLOWABLE COST
POLICE	_____	\$ _____	<u>\$ 54.00</u>	\$ _____
SHERIFF	_____	\$ _____	<u>\$ 27.00</u>	\$ _____
PHYSICIAN	_____	\$ _____	<u>\$ 153.00</u>	\$ _____
WITNESSES	_____	\$ _____	<u>\$ 100.00</u>	\$ _____
TRANSPORTATION	_____	\$ _____	<u>\$ 51.00</u>	\$ _____
CONVEYANCE ASSISTANTS	_____	\$ _____	<u>\$ 6.00</u>	\$ _____
ATTORNEYS	_____	\$ _____	<u>\$ 119.00</u>	\$ _____
REFEREES/ MAGISTRATES	_____	\$ _____	<u>\$ 116.00</u>	\$ _____
REPORTERS	_____	\$ _____	<u>\$ 33.00</u>	\$ _____
OTHER COURT COSTS	_____	\$ _____	<u>\$ 19.00</u>	\$ _____
<b>TOTAL COSTS FOR THE MONTH</b>		<b>\$ _____</b>	<b>REIMBURSE</b>	<b>\$ _____</b>

PREPARED BY: \_\_\_\_\_

DATE OF PREPARATION: \_\_\_\_\_

CONTACT PHONE NO. \_\_\_\_\_