

**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)	
			FY17 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>	\$ _____
TOTAL COSTS FOR THE MONTH		\$ _____	REIMBURSE	\$ _____

PREPARED BY: _____

DATE OF PREPARATION: _____

CONTACT PHONE NO. _____