

# SESV INVOICE



Provider Name  
Address  
City, State, Zip  
Work Phone  
Fax  
E-mail

**To:** Kristen Frueh, Statewide Program Manager  
Administrative Office of the Courts  
237 Don Gaspar, Room 25  
Santa Fe, New Mexico 87501

Re: Safe Exchange and Supervised Visitation Services

**PROVIDED SERVICES FOR: (Indicate Judicial District Number & County/Counties Served)**

Judicial District	County or Counties
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**CONTRACT NUMBER: 2018-**

Professional services rendered for providing Safe Exchange & Supervised Visitation services from  
(Start Date) through (End Date):  
(PLEASE INSERT APPROPRIATE MONTH/YEAR OF SERVICE)

Number of Supervised Visits	Number of Visit Hours
Number of Safe Exchanges	Number of Exchange Hours
Number of Cases that were <u>not</u> Domestic Matters/Domestic Violence Cases	
Number of Exit Surverys Administered	

Total Amount Due: \$ \_\_\_\_\_

**PLEASE ATTACH MONTHLY COMBINED-SERVICES REPORT!**

\_\_\_\_\_  
(Original Signature of Provider)

\_\_\_\_\_  
(Date)

***This box for AOC Use Only***

Professional Services Amount: \$ \_\_\_\_\_ P.O. # \_\_\_\_\_  
Administrative Amount: \$ \_\_\_\_\_  
Less 15% Reduction: \$ \_\_\_\_\_  
Reason: \_\_\_\_\_  
Total Amount due this Invoice: \$ \_\_\_\_\_ Contract # 2018- \_\_\_\_\_  
OK to Pay-Partial: \_\_\_\_\_ (Signature/Date)