



**County of Sacramento**

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INITIAL IMMIGRATION CONSULTATION FORM  
Christopher Todd (vendor # 72176)

- DATE: \_\_\_\_\_
- ATTORNEY: \_\_\_\_\_
- CASE NUMBER: \_\_\_\_\_
- DEFENDANT: \_\_\_\_\_  
(Last, First MI)

**PLEASE DO NOT WRITE BELOW THIS LINE. FOR CCD USE ONLY!**

Preauthorization #: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Reviewed Date: \_\_\_\_\_ Claim Amount: \_\_\_\_\_

Date to Auditor: \_\_\_\_\_

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CCD Executive Director

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Date