

PERSONAL INFORMATION

1. NAME AND MAILING ADDRESS	(Number)	(Street)	(Suite)	(City)	(State)	(Zip)
2. TELEPHONE NUMBER	3. ALTERNATE TELEPHONE NUMBER			4. STATE BAR NUMBER		
5. DISTRICT COURT		6. PERSON REPRESENTED AND SID		7. CAUSE NO(S):		
8. OFFENSE(S) CHARGED:				9. OFFENSE DATE:		
10. PROCEEDING AND DISPOSITION (DESCRIBE BRIEFLY): DATE:						

CLAIM FOR SERVICES AND EXPENSES

11. Payment Category: <input type="checkbox"/> Capital <input type="checkbox"/> Second Degree <input type="checkbox"/> 11.071 DP Writ (STATE REIMBURSED) <input type="checkbox"/> First Degree <input type="checkbox"/> Third Degree, SJF <input type="checkbox"/> 11.07 Writ <input type="checkbox"/> DNA Appeal <input type="checkbox"/> Other Appeal	12. Person Represented:	<input type="checkbox"/> Adult Defendant	<input type="checkbox"/> Appellant
		<input type="checkbox"/> Appellee	

IN COURT APPEARANCE	NUMBER OF HOURS	HOURLY RATE/FLAT FEE	AMOUNT
Court Appearance (Docket call, Routine Appearances, Plea, Sentencing)		\$75	
Evidentiary Hearing (Pre-Trial Hearing, MTRP - Testimony taken)		Capital 1° - \$100 1 st chair - \$150 2° - \$85 2 nd chair - \$125 3°, SJF - \$75	
Trial		Capital 1° - \$125 VD 1 st - \$150 Trial - \$150 2° - \$100 2 nd - \$125 - \$140 3°, SJF - \$75	
Flat Fees for Pleas Flat Fees for Post-Indictment Dismissals Date(s):	n/a	Capital 1° - \$750 1 st - \$3500 2° - \$500 2 nd - \$2500 3°, SJF - \$400	
Flat Fees for MTR's; Flat Fees for Pre-Indictment Dismissals Date(s):	n/a	1° - \$350 2° - \$250 3°, SJF - \$200 Capital 1 st - \$1750 2 nd - \$1250	
Flat Fee for Cases (other than MTRs) not Disposed of by Plea or Dismissal (Hired Counsel, Attorney withdrew)	n/a	\$200	
OUT OF COURT SERVICES	NUMBER OF HOURS	HOURLY RATE	AMOUNT
Initial Jail Visit (one time only payment, flat fees only) Date(s):	n/a	\$100 (FLAT FEE)	
Not to exceed Capital - 100 hrs Other felonies - 30 hrs Without prior court approval		Capital - \$150 2° - \$60 1° - \$75 3°, SJF - \$50	
OTHER			
Appeals and PDRs Not to exceed Capital - \$15,000 Other felonies - \$6,500		Other felonies o/c 1° - \$75 hr Capital 2° - \$60 hr o/c - \$150 hr 3°, SJF - \$50 hr i/c - \$200 hr i/c - \$150 hr	

Investigator fees. Attach a copy of order approving appointment. Need prior approval to exceed the following maximums:

Capital - \$1500.00 1° - \$750 2° - \$500 3°, SJF - \$300

* In the event of a dispute this voucher may be submitted to a peer review committee for resolution.

TOTAL \$

[CERTIFICATION]

I, _____ Attorney at Law, swear that having been duly appointed, I personally represented the above-named defendant and that the foregoing facts are true and correct. I further swear or affirm that I have not received nor will receive any money or anything else of value for representing the accused, except as approved by the Court in writing.

SWORN AND SUBSCRIBED before me, this the _____ day of _____, 20____.

Attorney Signature

APPROVED in the total amount of \$_____. Comments: _____

Clerk/Coordinator of the Court

Judge Presiding