

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

Payment Category: Capital First Degree Second Degree Third Degree, SJF
 11.071 DP Writ (STATE REIMBURSED) 11.07 Writ DNA Appeal Other Appeal

12. Person Represented: Adult Defendant Appellant Appellee

IN COURT APPEARANCE	NUMBER OF HOURS	HOURLY RATE/FLAT FEE		AMOUNT
Court Appearance (Docket call, Routine Appearances, Plea, Sentencing)		\$90		
Evidentiary Hearing (Pre-Trial Hearing, MTRP - Testimony taken)		Capital: 1 st chair - \$165 2 nd chair - \$140	1 ^o - \$115 2 ^o - \$100 3 ^o , SJF - \$90	
Trial		Capital: VD 1 st - \$165 Trial - \$165 2 nd - \$140 - \$155	1 ^o - \$135 2 ^o - \$110 3 ^o , SJF - \$85	
Flat Fees for Pleas Flat Fees for Post-Indictment Dismissals Date(s): _____	n/a	Capital: 1 st - \$3850 2 nd - \$2750	1 ^o - \$825 2 ^o - \$550 3 ^o , SJF - \$450	
Flat Fees for MTR's; Flat Fees for Pre-Indictment Dismissals Date(s): _____	n/a	1 ^o - \$385 2 ^o - \$275 3 ^o , SJF - \$225 Capital 1 st - \$2000 2 nd - \$1450		
Flat Fee for Cases (other than MTRs) not Disposed of by Plea or Dismissal (Hired Counsel, Attorney withdrew)	n/a	\$200 (FLAT FEE)		
OUT OF COURT SERVICES	NUMBER OF HOURS	HOURLY RATE/FLAT FEE		AMOUNT
Initial Jail Visit (one time payment, flat fee vouchers only) Date: _____	n/a	\$125 (FLAT FEE)		
Out of Court Hours (not to exceed without prior approval) Capital - 100 hrs Other felonies - 30 hrs		1 ^o - \$85 2 ^o - \$70 3 ^o , SJF - \$60 Capital: \$165		
OTHER				
Appeals and PDRs Not to exceed: Capital - \$15,000 Other felonies - \$6,500		Capital: o/c - \$165 hr i/c - \$225 hr i/c Cap of \$1650	Other Felonies: o/c 1 ^o - \$85 hr 2 ^o - \$70 hr 3 ^o , SJF - \$60 hr i/c - \$165 hr i/c Cap of \$7200	

Investigator fees Attach a copy of the order approving appointment. Prior approval needed to exceed the following maximums: Capital - \$1750 1^o - \$800 2^o - \$550 3^o, SJF - \$350

* 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