

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 ¹ :	HOURLY RATE/FLAT FEE	AMOUNT
Court Appearance (Docket call, Routine Appearances, Plea, Sentencing)		\$95	
Evidentiary Hearing (Pre-Trial Hearing, MTRP - Testimony taken)		Capital: 1 st chair - \$175 2 nd chair - \$150	1 ^o - \$125 2 ^o - \$110 3 ^o , SJF - \$100
Trial		Capital: VD 1 st - \$175 Trial - \$175 2 nd - \$150 - \$160	1 ^o - \$150 2 ^o - \$125 3 ^o , SJF - \$110
Flat Fees for Pleas Flat Fees for Post-Indictment Dismissals Date(s): _____	n/a	Capital: 1 st - \$3865 2 nd - \$2765	1 ^o - \$850 2 ^o - \$600 3 ^o , SJF - \$500
Flat Fees for MTR's; Flat Fees for Pre-Indictment Dismissals Date(s): _____	n/a	1 ^o - \$400 2 ^o - \$300 3 ^o , SJF - \$275 Capital: 1 st - \$2000 2 nd - \$1500	
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 HOURS¹:	HOURLY RATE/FLAT FEE	AMOUNT
Initial Jail Visit (one time payment, flat fee vouchers only) Date: _____	n/a	\$150 (FLAT FEE)	
Attorney of the Day (flat fee only) Date: _____	n/a	\$300 (FLAT FEE)	
Out of Court Hours (not to exceed without prior approval) Capital - 100 hrs Other felonies - 30 hrs		1 ^o - \$100 2 ^o - \$85 3 ^o , SJF - \$75 Capital: \$175	
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.

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

Attorney Signature

Trial Director (MAC)

Date

1. Vouchers should be itemized on 1/4 of an hour basis for in-court time only. Out-of-Court time should be itemized in real time.