ate:			
voice No.:	REQUEST FO	OR ATTORNEY FEES	
Attorney:		Client Name:	
Address:		(If invanila use first	initial and last name)
		Case No.:	
Phone No.:			
E-mail:		Court:	
Funding Source: State (Prisc	on) State (Habeas	s)County	Muni
ATTORNEY FEES REQU	ESTED:		
Attorney Time:	Hours @ \$	rate per hour =	
Travel Time:hrs. @ \$	/hr. =		
Mileage: Miles @ S	b	(GSA Rate) =	
		n, hotel, postage, etc.) Total Request:	\$
CASE STATUS: As o	f today, this case is:	Total Request:	\$
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